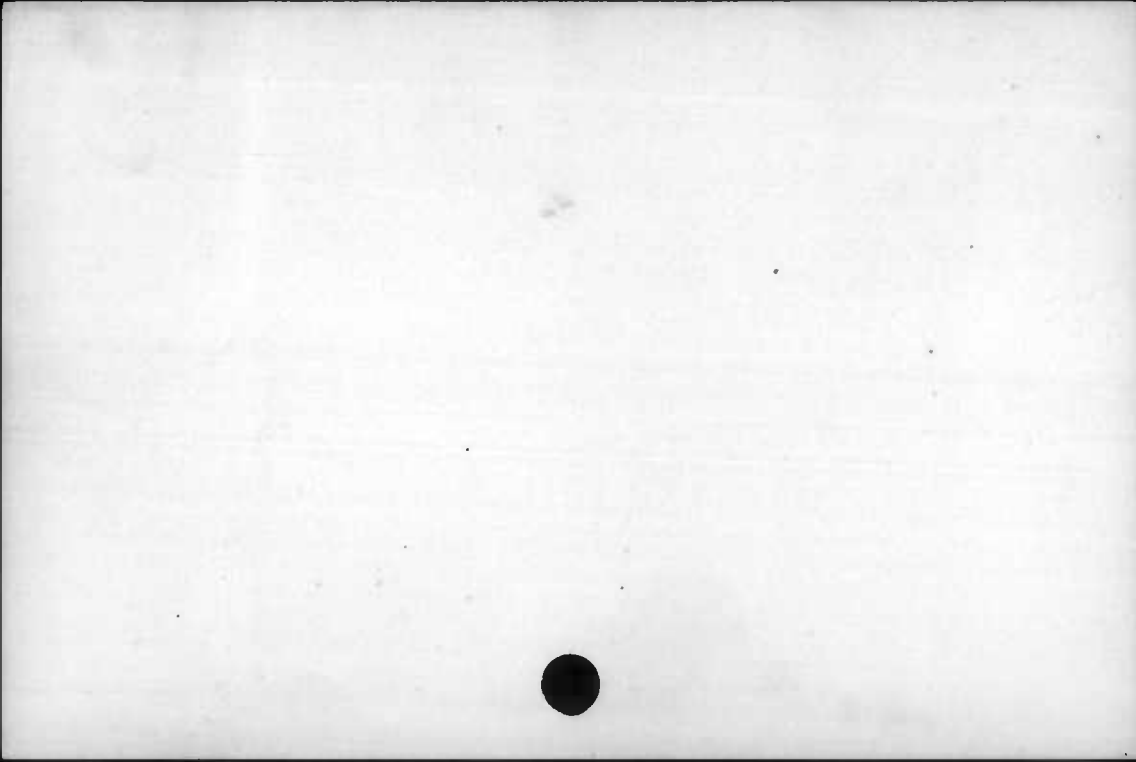


Name in Full		William Thomas Adams				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Poole		Harford		MARYLAND	
	Town		County					
	Date of death		1909	May	19	Age 69	3 Months 16 Days	
	Sex		Male		Color or Race		White	
	Occupation		Farmer		Birth-place		Maryland.	
	Where Residing if not at place of death		—					
	Married, Single or Widowed		Widowed		Name of Wife or Husband		Josephine Adams.	
Father's Name		Archibald Adams				Father's Birthplace		Not Known.
Mother's Maiden Name		Susannah Robinson				Mother's Birthplace		Not Known.
Name of person giving information		Price Adams				How related to deceased		Son.
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary				How long			
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
					Address			
	Accident or Suicide?							

177

Dropsy

6 mo.  
J. H. Tobias,  
Darlington, Md.



Name  
in  
Full

CERTIFICATE OF DEATH

Name *William Amos* Town *Pylesville* County *Harford*  
 Died at *Pylesville*  
 Date of death *1909 May 3* Age *81* Months *4* Days  
 Sex *Male* Color or Race *White* Birth-place *Ind*  
 Occupation *Farmer* Where Residing if not at place of death *Pylesville B. & F. D.*  
 Married, Single or Widowed *Widower* Name of Wife or Husband *Hannah Street*  
 Father's Name *William Amos* Father's Birthplace *Ind.*  
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*  
 Name of person giving Information *John Beatty* How related to deceased *Son in Law*

CAUSES OF DEATH

90

Primary *Bronchitis* How long *5 days*  
 Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

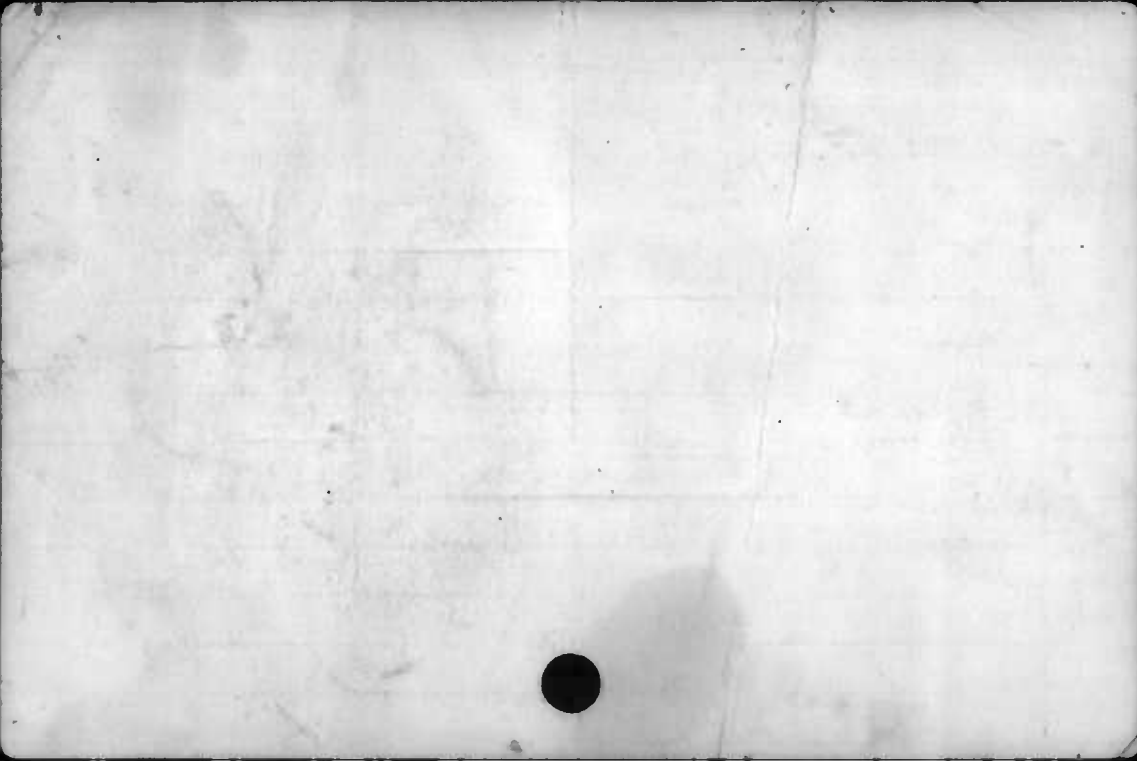
Address

*Charles W. Parnas*  
*Street Ind.*

Accident

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Lenord Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

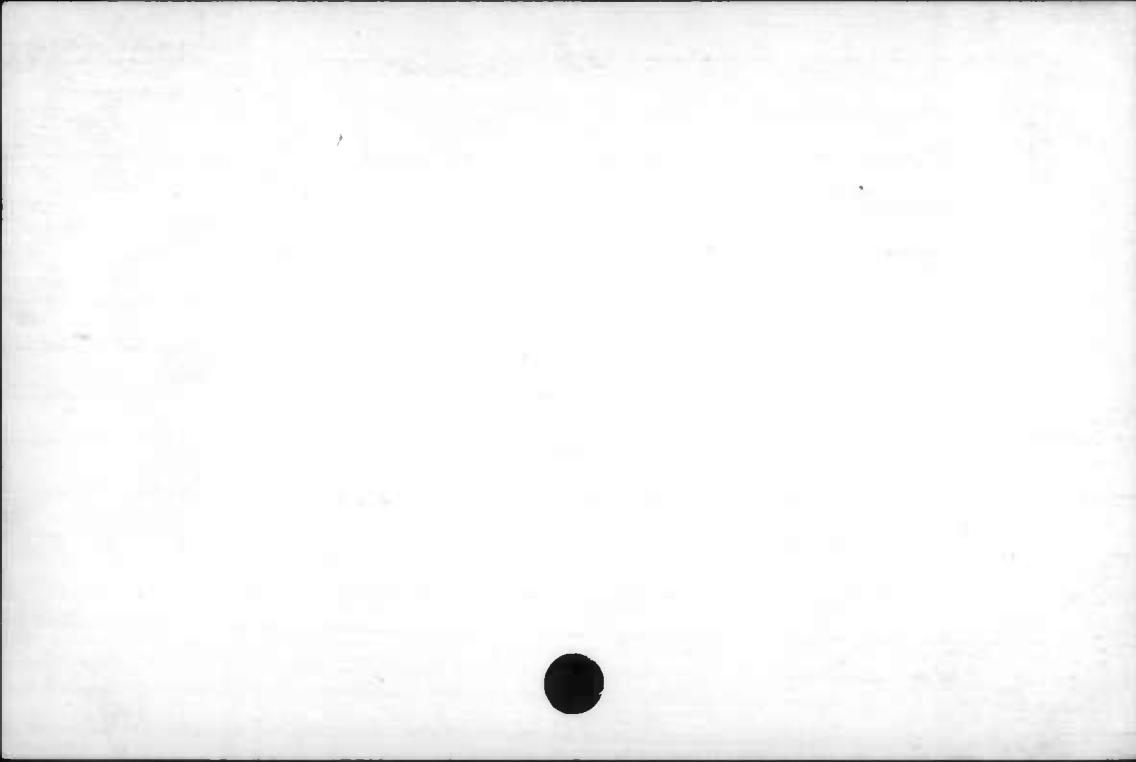
Died at		Town <i>Webster</i>		County <i>Harford</i>		MARYLAND	
Date of death		1909	Month <i>may</i>	Day <i>7</i>	Age	Years <i>74</i>	Months
Sex		<i>male</i>		Color or Race <i>colord</i>		Birth-place <i>Virginia</i>	
Occupation <i>Labor</i>				Where Residing if not at place of death <i>Webster</i>			
Married, Single or Widowed		<i>married</i>		Name of Wife or Husband <i>Chbro Anderson</i>			
Fether's Name		<i>dont know</i>				Father's Birthplace <i>Virginia</i>	
Mother's Meiden Name		<i>dont know</i>				Mother's Birthplace <i>Virginia</i>	
Name of person giving Information		<i>Chbro Anderson</i>				How related to deceased <i>wife</i>	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Vahular Heart Disease</i>	How long	<i>Some Years</i>
Immediete	<i>"</i>	How long	<i>Some days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. C. Gathes</i>	
		Address	
		<i>Havre de Grace Md</i>	
Accident or Suicide			



Name  
in  
Full

Maria Bond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

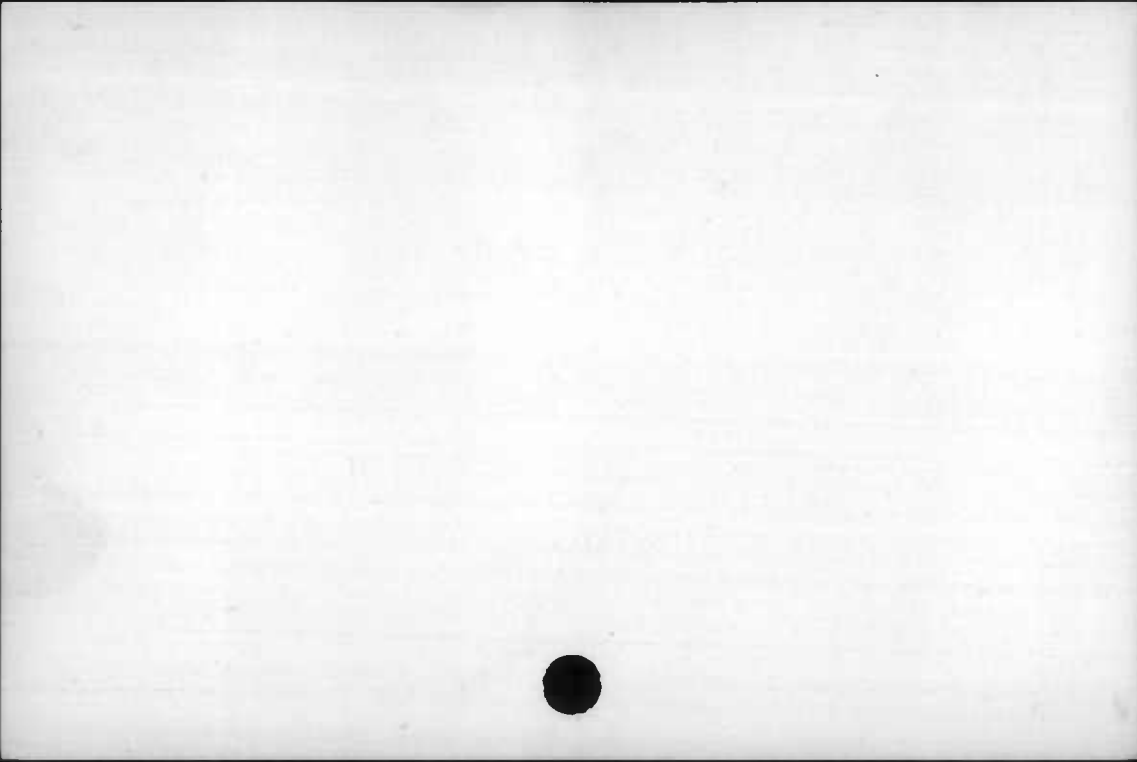
Died at		Town <i>Kalunia</i>		County <i>Stafford</i>		MARYLAND	
Date of death	1909	Month	5	Day	10	Age	Years 87 Months Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Stafford Co.</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>single</i>		Name of Wife or Husband				
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Martha Lee</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving information	<i>John Lewis</i>					How related to deceased	<i>none</i>

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Senile Debility</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Lee Hughes</i>
	Address <i>Bel Air</i>
Accident or Suicide?	<i>end.</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

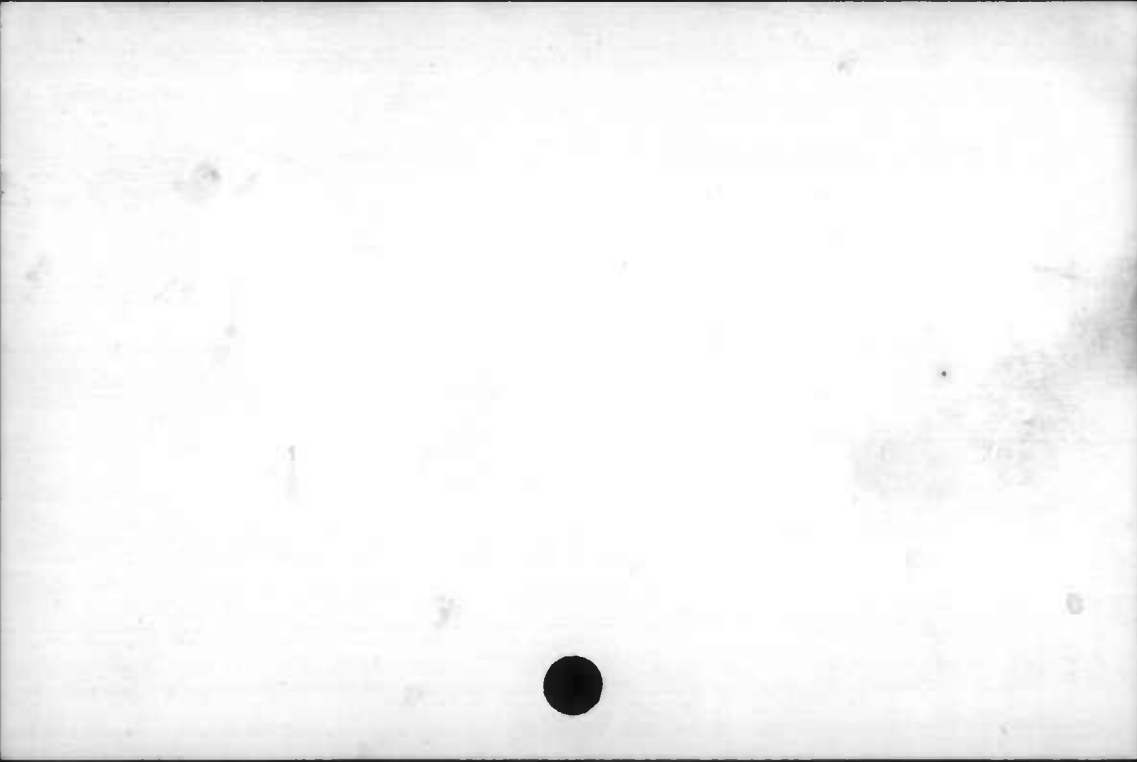
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		May	28	Age 30			
Sex	male	Color or Race	white	Birth-place	Harford Co		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	married			Name of Wife or Husband	Mary M Bowen		
Father's Name	John H. Bowen			Father's Birthplace	Harford		
Mother's Maiden Name	Lucinda Ford			Mother's Birthplace	Harford		
Name of person giving Information	John H. Bowman			How related to deceased	Father-in-law		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Phthisis	How long	7 mo
Immediate	Meningitis	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Robert S. Post	
Address		Bel Air	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

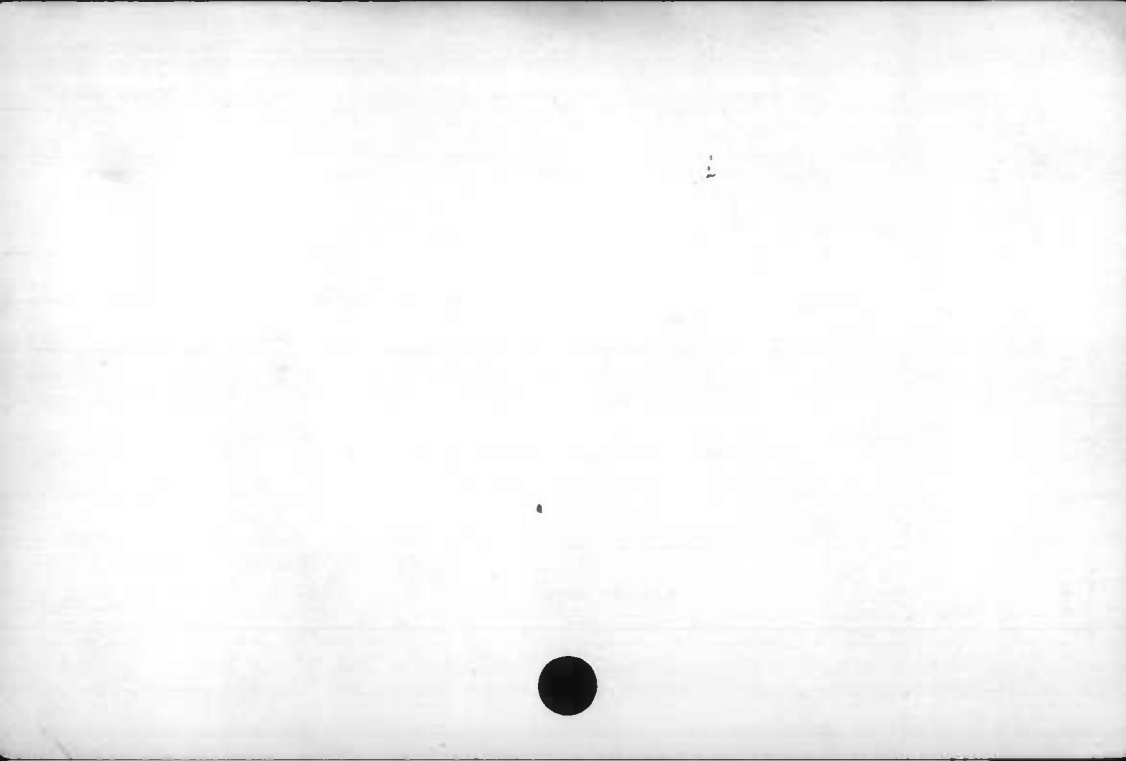
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Van Bibber</i>		County <i>Starke Co</i>		MARYLAND	
Date of death		1909	Month <i>May</i>	Day <i>5</i>	Age <i>65</i>	Years	Months
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Minster</i>		Where Residing if not at place of death <i>Van Bibber</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Johanna Boyce</i>					
Father's Name <i>Not Known</i>		Father's Birthplace <i>Not Known</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not Known</i>					
Name of person giving Information <i>Johanna Boyce</i>		How related to deceased <i>wife</i>					

## CAUSES OF DEATH

Primary	<i>Heart Failure</i>	How long	<i>2 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas R. Rook</i>	
		Address <i>209 2nd St</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

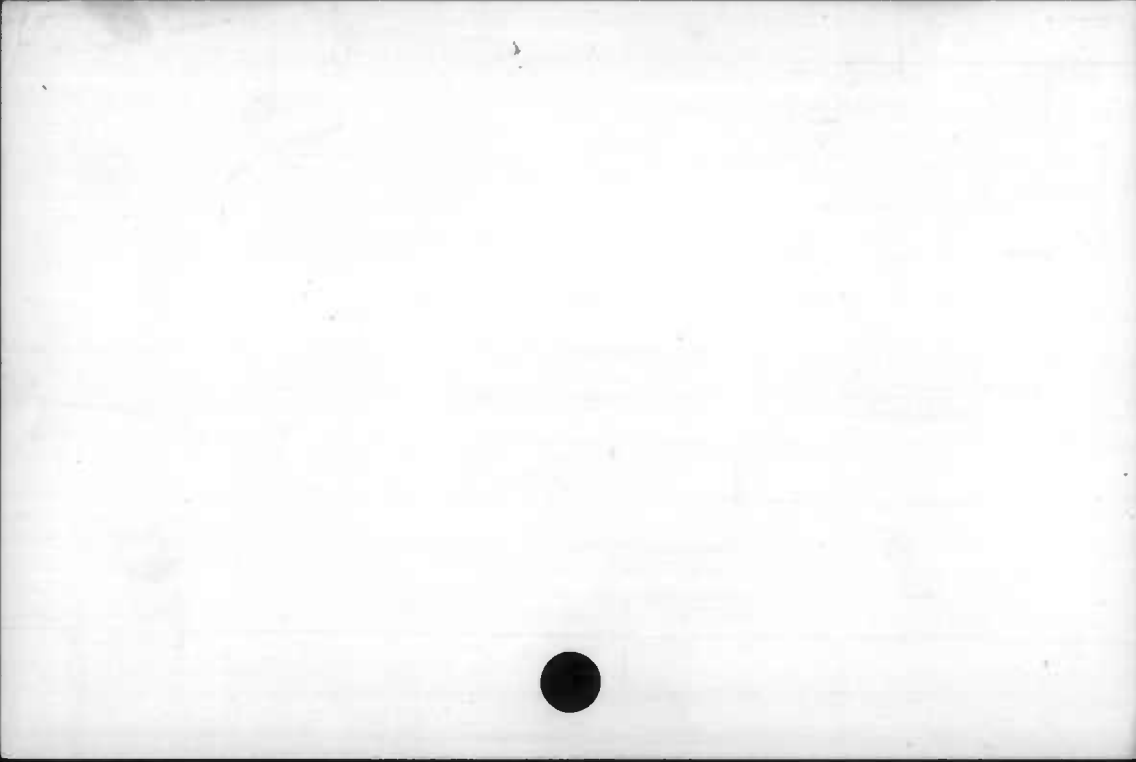
Died at Churchville Harford County  
Date of death 1909 May 13 Age Still born  
Sex Male Color or Race White Birth-place Churchville, Md.  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name Lewis M. Carlisle Father's Birthplace Taylor, Md.  
Mother's Maiden Name Amanda G. Gump Mother's Birthplace Md.  
Name of person giving Information Lewis M. Carlisle How related to deceased Father

CAUSES OF DEATH

Primary Still born How long \_\_\_\_\_  
Immediate \_\_\_\_\_ How long \_\_\_\_\_  
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Edward Charles  
Address Bel Air, Md.  
Accident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harred Lane</i> <sup>Town</sup>		<i>Stanford</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	May	Day	14
Sex	"White"	Color or Race	White	Years	45
Occupation	Telegraph Operator		Where Residing if not at place of death	Baltimore	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Perry G Day			Father's Birthplace	Howard Co Md
Mother's Maiden Name	Josephine M Shipley			Mother's Birthplace	" " "
Name of person giving information	A H Day			How related to deceased	Brother -

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	<i>drowned</i>	How long	
Immediate	<i>drowned</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Mattingly J</i>		
	Address <i>Harred Lane</i>		
Accident or Suicide?	<i>accident</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

Sarah Jane Dr. Courcy

Town

County

Died at

Horse Shoe

Harford

MARYLAND

Date

of death 1909

Month

May

Day

2

Age

Years

84

Months

1

Days

17

Sex

Female

Color or  
Race

Col.

Birth-  
place

Md.

Occupation

House Work

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Isaiah Dr. Courcy

Father's  
Name

Not Known

Father's  
Birthplace

—

Mother's  
Maiden Name

Not Known

Mother's  
Birthplace

—

Name of person giving  
Information

J. L. Dr. Courcy

How related  
to deceased

son

## CAUSES OF DEATH

154

Primary

Senile Debility

How long

Immediate

Cardiac Complications

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

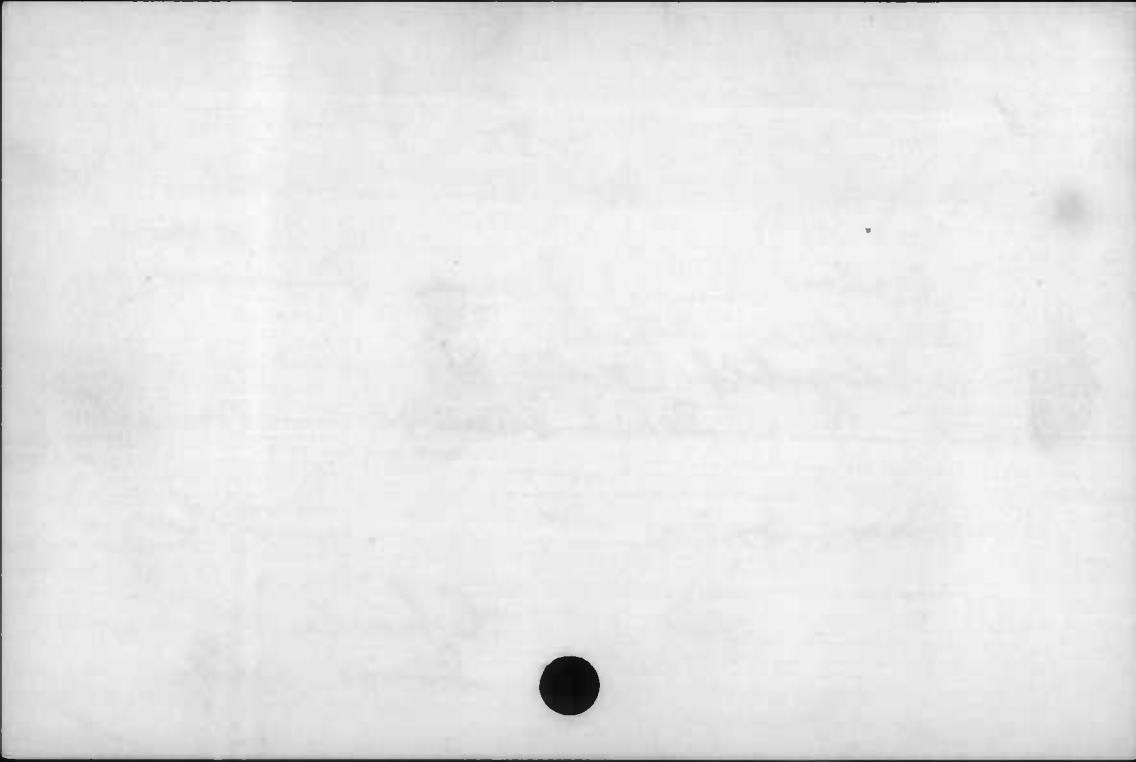
Signature of  
Physician

Address

J. L. Woodward  
Horse Shoe

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Demore.

Died at

Mill Green

Town

County

Hampd

MARYLAND

Date

of death

1909

Month

May

Day

13

Years

Age 82

Months

Days

Sex

Female.

Color or  
Race

White

Birth-  
place

Ind.

Occupation

mm

Where Residing if not  
at place of death

Mill Green -

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

James Demos -

Father's  
Name

Shadie Street

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Elizabeth Watkins

Mother's  
Birthplace

Ind.

Name of person giving  
Information

Miss Sarah Street

How related  
to deceased.

Niece

## CAUSES OF DEATH

93

Primary

Pneumonia

How long

3 days

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
PhysicianCharles W. Harmons  
Street Ind.

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Andrew Dunningan

CERTIFICATE OF DEATH

Died at		Allibone		Harford		MARYLAND	
Date of death		1904	Month	May	Day	21	Age
							75
Sex	male	Color or Race	white		Birth-place	Inland	
Occupation	Stone mason		Where Residing if not at place of death		Prophet		
Merriad, Single or Widowed	widowed		Name of Wife or Husband				
Father's Name	Beluch Dunningan				Father's Birthplace	Inland	
Mother's Maiden Name	Ann Farrell				Mother's Birthplace	Do	
Name of person giving Information	James Dunningan				How related to deceased	Brother	

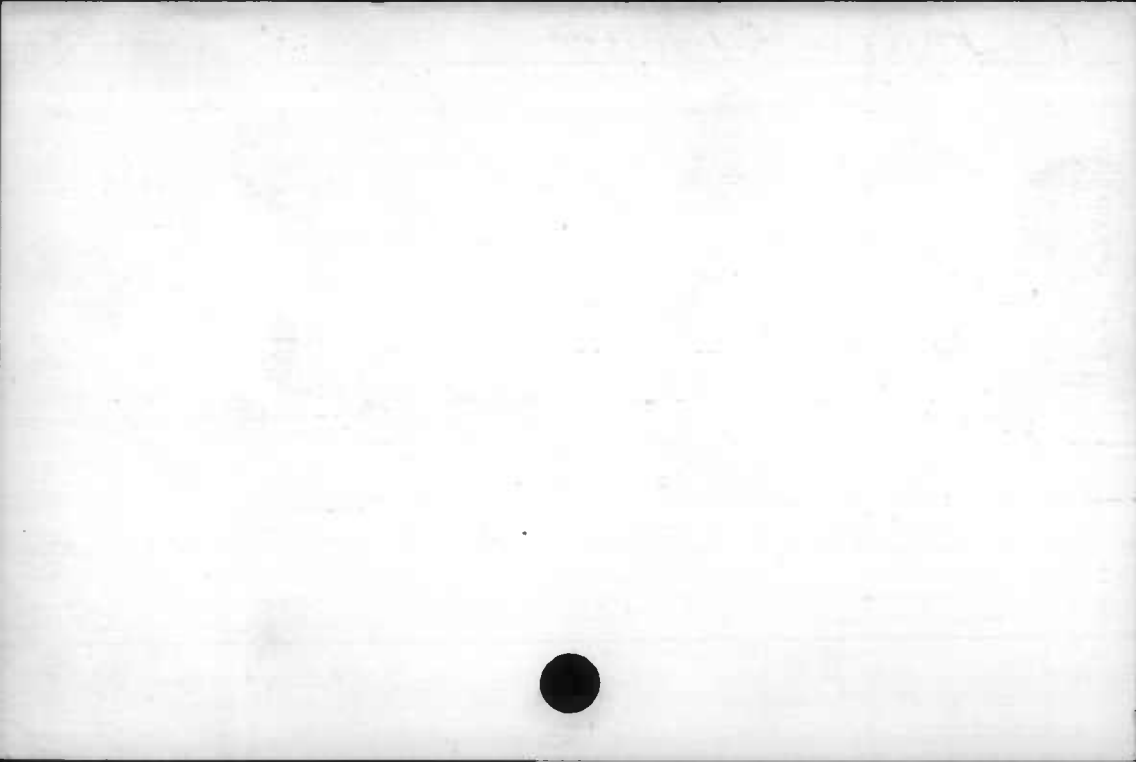
TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

79

Primary	Calcular disease of heart		How long	several years
Immediate	Oedema of lungs		How long	thirty six hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		William S. Archer		
		Address		
		Bel Air		
		Md		
<input checked="" type="checkbox"/> Accident or Suicide				

PHYSICIAN  
OR CORONER



Name  
in  
Full

William F Fisher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

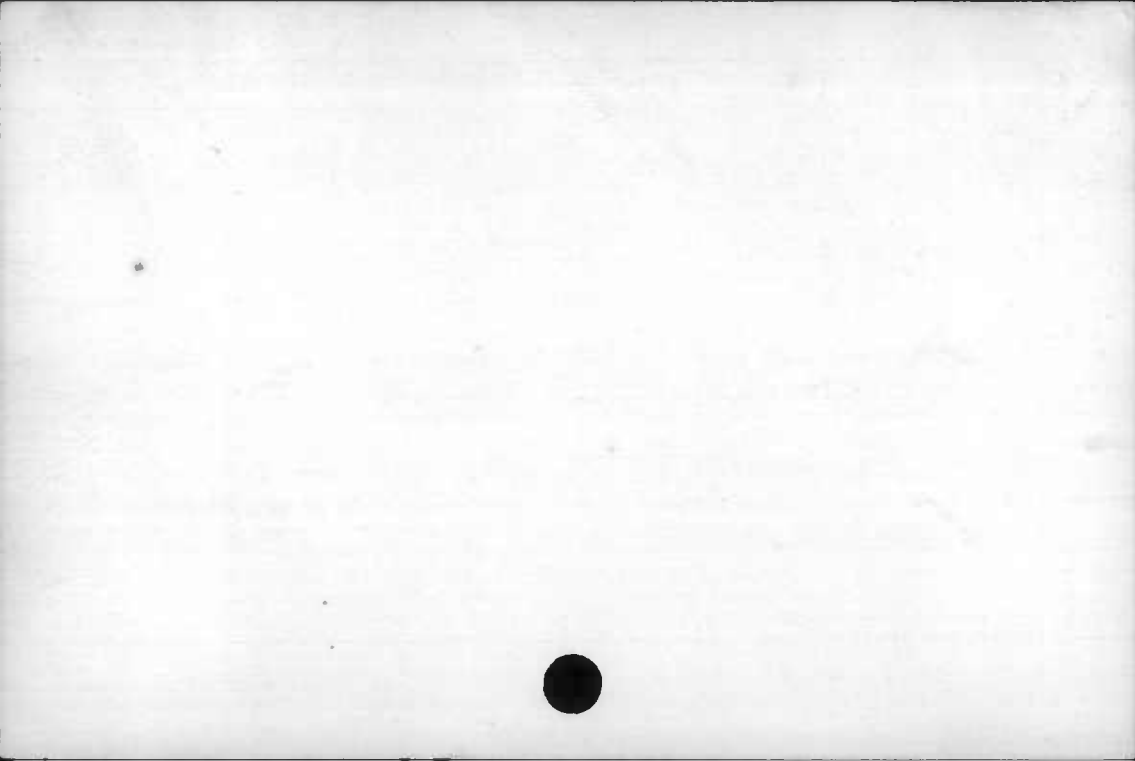
Died at <u>Churchville</u> <sup>Town</sup>		<u>Harford</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u>	Month <u>5</u>	Day <u>10</u>	Age <u>—</u>	Months <u>3</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Leha H Fisher</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Hensilla Johnson</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Leha Fisher</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <u>Summer trouble</u>	How long <u>two weeks</u>
Immediate <u>Summer complaint</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. N. Fletcher</u>
	Address <u>Cavins md</u>
Accident or Suicide	





Name  
in  
Full

W. Thomas Grapton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Forest Hill Harford MARYLAND

Date of death 190 9 May 10 Age 39 Months — Days —

Sex Male Color or Race White Birth-place Ind.

Occupation Farmer Where Residing if not at place of death Forest Hill

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name John H. Grapton Father's Birthplace Ind.

Mother's Maiden Name Martha A. Glandford Mother's Birthplace Ind.

Name of person giving information C. L. Grapton How related to deceased Brother

## CAUSES OF DEATH

Primary Tuberculosis 27 How long about a year

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

William J. Archer  
Bel Air  
Md

Accident or Suicide —

Box Creek P.O.

Name  
in  
Full

L. Low Jane Harvey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

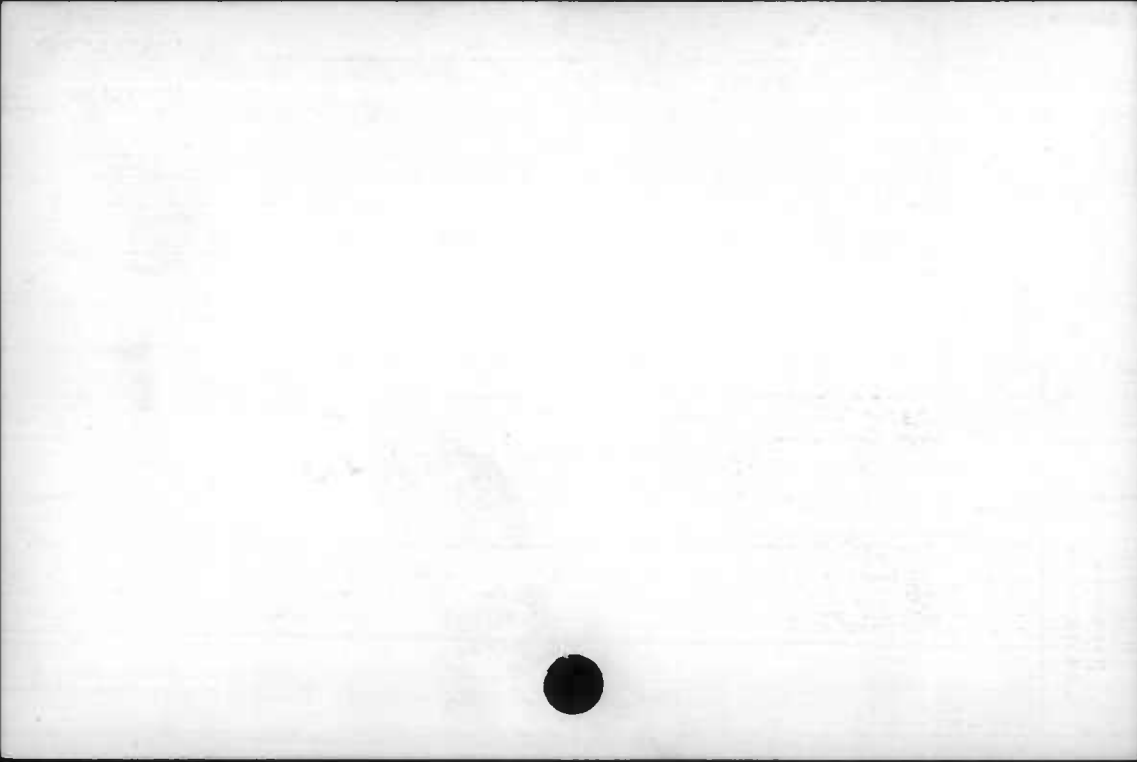
Died at <i>Harre del Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>May</i>	Day <i>15</i>	Age <i>48</i>	Months <i>4</i> Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co.</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Harford Co.</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank Harvey</i>				
Father's Name <i>Robert Browner</i>	Father's Birthplace <i>Harford Co.</i>				
Mother's Maiden Name <i>Milkie Browner</i>	Mother's Birthplace <i>Harre del Grace</i>				
Name of person giving Information <i>Frank Harvey</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of breast</i>	How long <i>2 yrs</i>
Immediate <i>General break down</i>	How long <i>2 months</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smuck</i>
	Address <i>Harre del Grace Md.</i>
Accident or Suicide	



Name  
in  
Full

Not married Hecht

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harvards Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1909 May 3</i>		Month <i>May</i>		Day <i>3</i>		Age <i>Dead born</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harvards Grace</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Emanuel Hecht</i>		Father's Birthplace <i>Balts.</i>					
Mother's Maiden Name <i>Fannie Kreis</i>		Mother's Birthplace <i>Balts.</i>					
Name of person giving Information <i>Emanuel Hecht</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

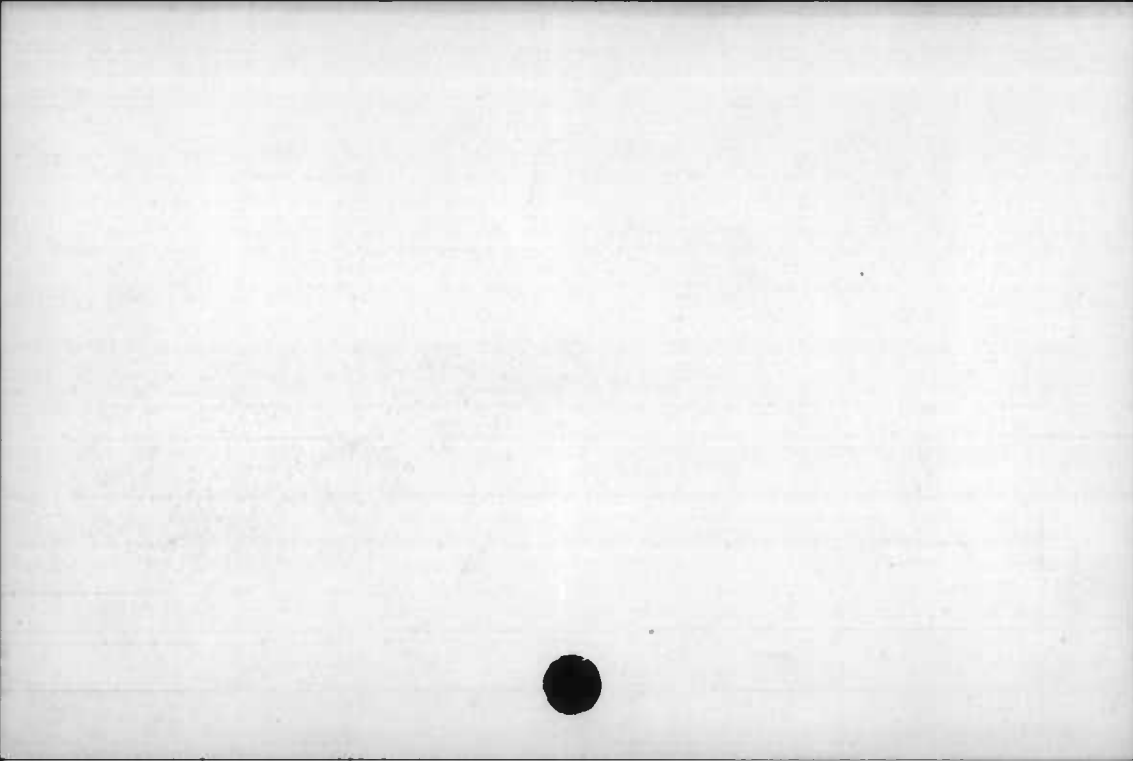
PHYSICIAN  
OR CORONER

Primary	<i>Was dead born</i>	How long	<i>8</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R H Emush</i>	
		Address <i>Harvards Grace Md.</i>	
Accident or Suicide			



Name in Full		Mora Holland				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> near Willys Mill,		<sup>County</sup> Harford		MARYLAND		
	Date of death 1909		Month May	Day 28	Age about 60 years	Months	Days
	Sex male		Color or Race colored		Birth-place Maryland		
	Occupation Farm Hand		Where Residing if not at place of death				
	Married, Single or Widowed married		Name of Wife or Husband Malissae Holland				
	Father's Name Charles Holland		Father's Birthplace Maryland				
	Mother's Maiden Name Uppie Berry		Mother's Birthplace Maryland				
Name of person giving information		Naweye Cordery		How related to deceased		none	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		7 Bronchial Pneumonia		How long 4 days		
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician Wm. L. Stirling		
					Address Shanes		
					Baltimore, Md.		
Accident or Suicide?							

92





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

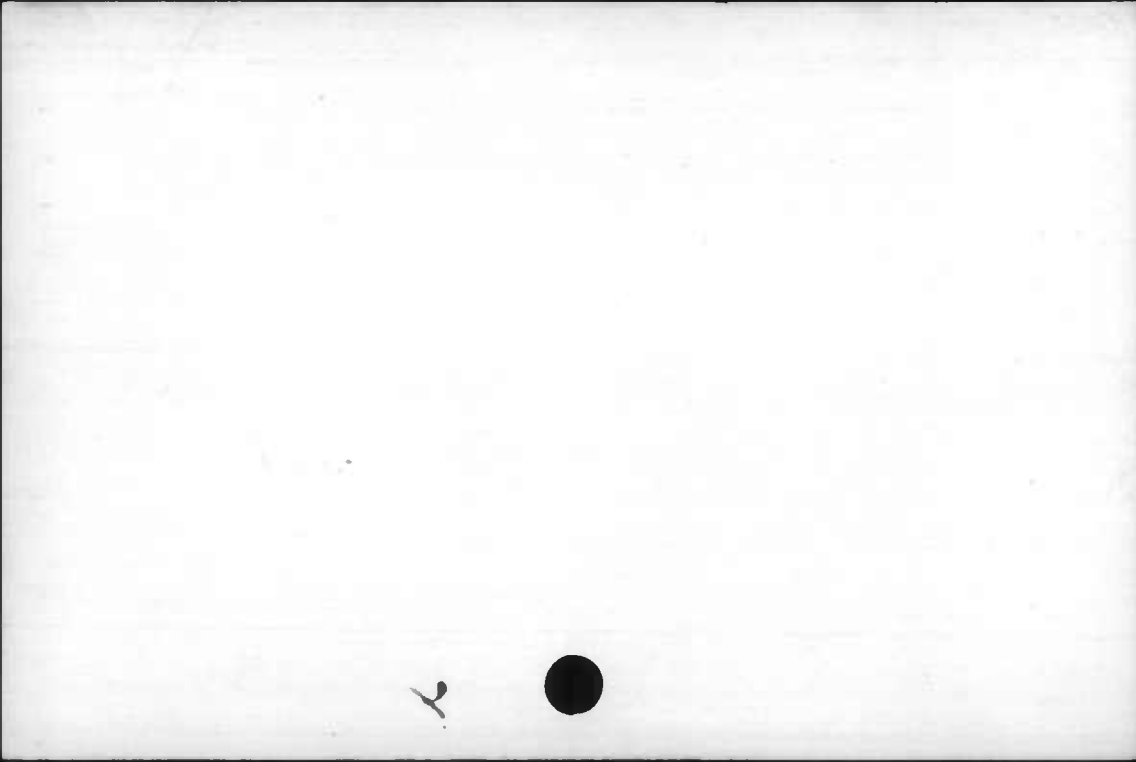
Died at		Town Havre de Grace		County Harford		MARYLAND	
Date of death		Month May	Day 1	Age	Years 2	Months 6	Days 17
Sex Male		Color or Race White		Birth-place Havre de Grace			
Occupation Infant				Where Residing if not at place of death			
Married, Single or Widowed Infant		Name of Wife or Husband					
Father's Name Alexander Huth		Father's Birthplace Germany					
Mother's Maiden Name Cora Carlisle		Mother's Birthplace Md.					
Name of person giving Information Cora Huth		How related to deceased Mother					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Caps. Bronchitis	How long	12 days
Immediate	Cerebro Spinal Meningitis	How long	one week
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes		J. Woodward	
		Address Havre de Grace, Md.	
Accident or Suicide			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

May

12th

Age

78

9

Sex

Female

Color or  
Race

white

Birth-  
place

Va

Occupation

Housewife

Where Residing if not  
at place of death

at place of death

Single  
or WidowedName of Wife or  
Husband

Married

Father's  
Name

Franklin

Father's  
Birthplace

Va

Mother's  
Maiden Name

Sallie Franklin

Mother's  
Birthplace

Va

Name of person giving  
In formation

H. S. Galtman

How related  
to deceased

son-in-law

## CAUSES OF DEATH

Primary

Old age

How long

Immediate

Heart disease

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

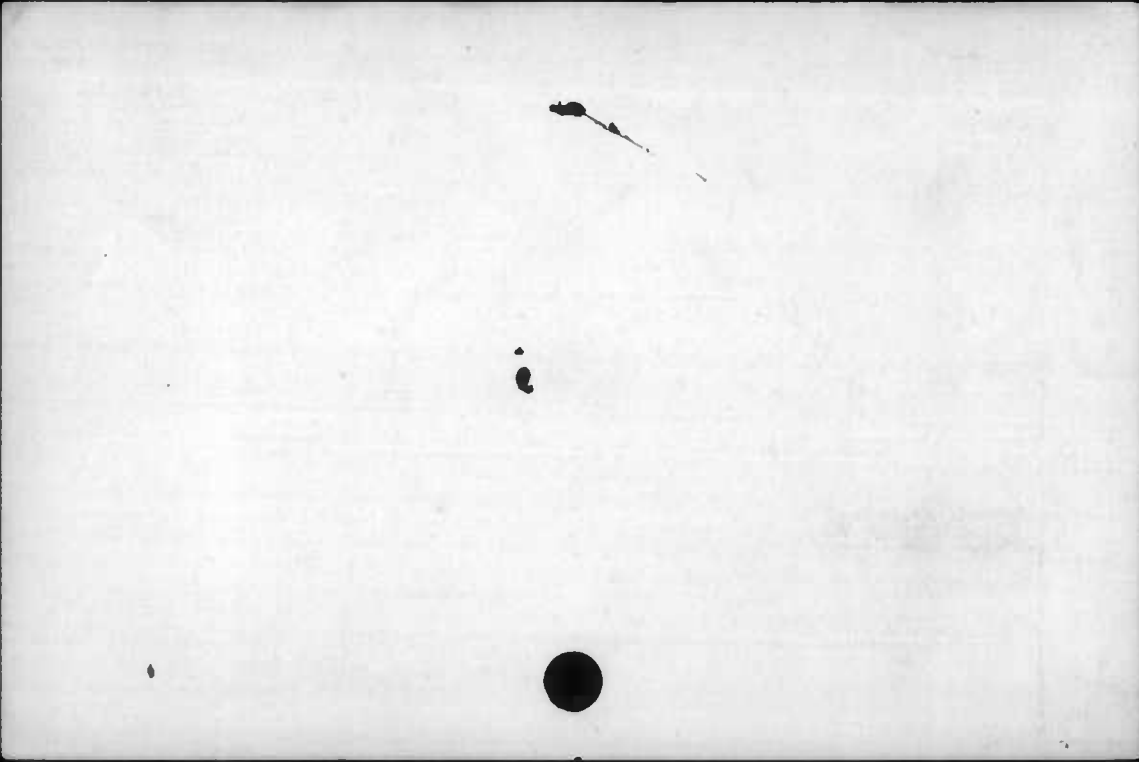
Signature of  
Physician

Address

D. H. E. Arthur  
Cardiff Md

Accident or Suicide?

No



Name  
in  
Full

Virginia Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

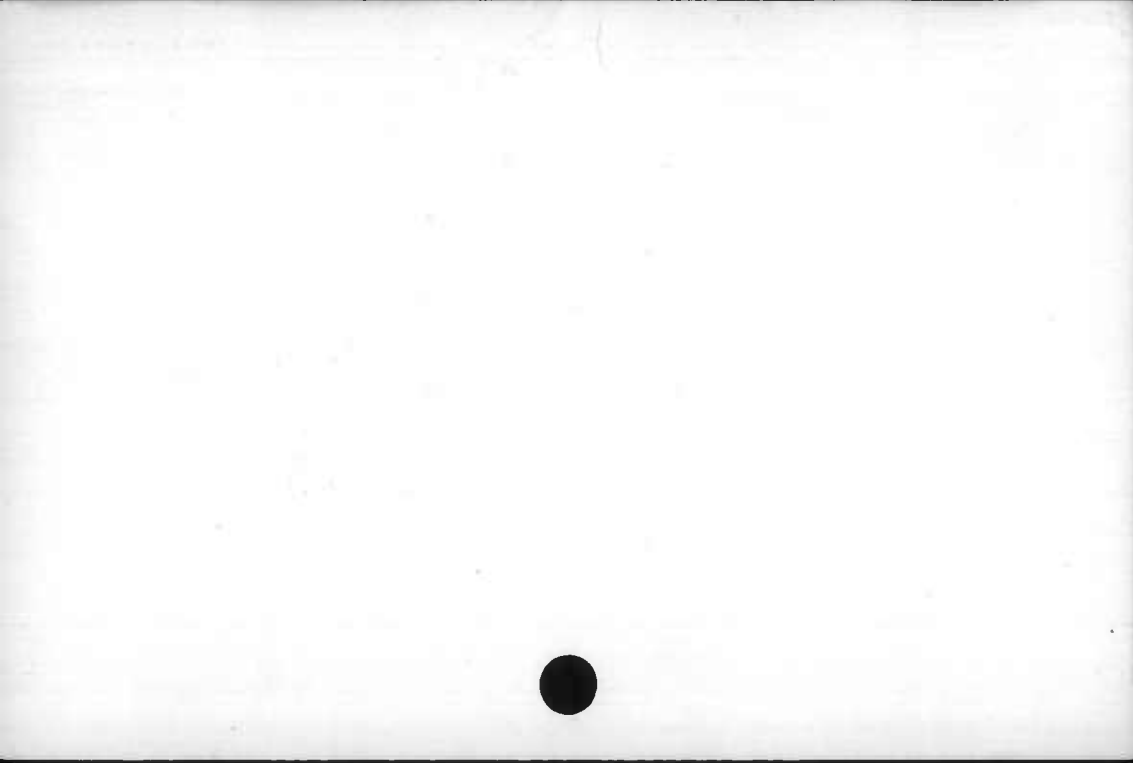
Died at <i>Harve de Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>9</i>	Years <i>20</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co Md</i>		
Occupation <i>Housework</i>		Where Rasiding if not at place of death <i>Same</i>			
Marriad, Single or Widowad <i>Single</i>	Nama of Wifa or Husband <i>-</i>				
Father's Nama <i>John Johnson</i>	Fathar's Birthplace <i>Harford Co Md</i>				
Mother's Maiden Name <i>Ida Stewart</i>	Mother's Birthplace <i>Balto Co Md</i>				
Name of person giving Information <i>Maggie Stewart Jackson</i>			How relatad to deceased <i>Sister</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 mo</i>
Immediata <i>Pulmonary Tuberculosis</i>	How long <i>4 mo</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Hopkins</i>
	Address <i>Harve de Grace Md</i>
Accident or Suicida	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Irene Martha Jones</i>		Town <i>Whiteford</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Whiteford</i>		Date of death <i>1909 May - 22</i>		Age <i>23</i>		Months <i>10 -</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Penna.</i>		Days	
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles H. Jones</i>					
Father's Name <i>Samuel Harris</i>		Father's Birthplace <i>Penna.</i>					
Mother's Maiden Name <i>Agness Young</i>		Mother's Birthplace <i>Penna.</i>					
Name of person giving Information <i>Charles H. Jones</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>L. Grippy followed by Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Chronic Condition from Pneumonia</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Vallie Hawkins M.D.</i>
	Address <i>Town Green - Pa.</i>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

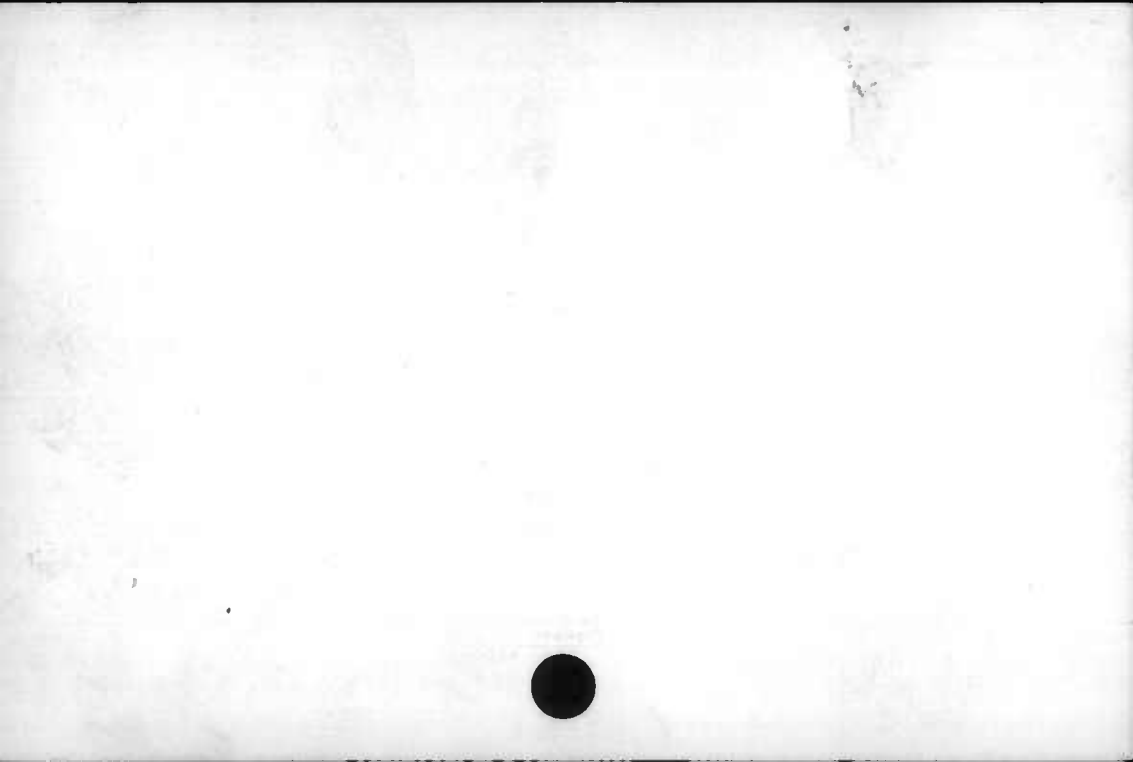
Died at <i>James Jones</i> Town <i>Garrettsville</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>5-th</i>	Age	Months	Days
Sex <i>Male</i>	Color or Race <i>Negro</i>	Birth-place <i>Virginia</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <i>Austin Jones</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

79

Primary <i>Mitral Insufficiency</i>	How long <i>For years</i>
Immediate <i>Heart Failure</i>	How long <i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley</i>
	Address <i>Garrettsville</i>
Accident or Suicide	<i>Ind</i>

PHYSICIAN  
OR CORONER



Name  
in  
Full

Harry Leonard.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Pyleville</u> <sup>Town</sup>		<u>Hager</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	May	Day	14
Age	2	Years		Months	10
Sex	male	Color or Race	Colored	Birth-place	Ind.
Occupation	none	Where Residing if not at place of death		Ind.	
Married, Single or Widowed	single	Name of Wife or Husband		<del>John</del>	
Father's Name	Thomas Leonard			Father's Birthplace	Ind.
Mother's Maiden Name	Mary Hewitt			Mother's Birthplace	Ind.
Name of person giving Information	Thomas Leonard			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Broncho. Pneumonia</u>	How long	<u>7 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>C. W. G. Amour</u>
		Address	<u>Street Ind.</u>
Accident or Suicide			



Name  
in  
FullWilliam M<sup>c</sup> Coy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

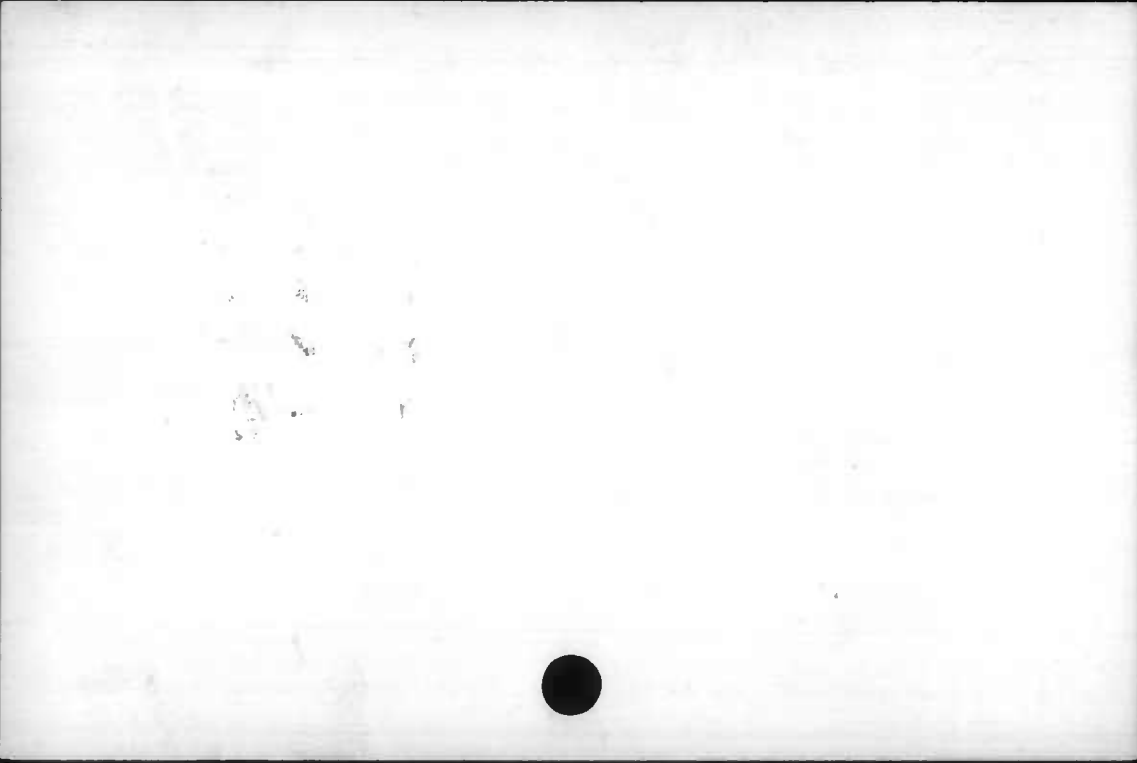
Died at <i>Lopidum</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	1909	Month	May	Day	15	Age	40 or 45
Sex	Male	Color or Race	White	Birth-place	Dont Know		
Occupation	Fisherman			Where Residing if not at place of death	Lopidum Md		
Married, Single or Widowed	Dont Know		Name of Wife or Husband	Not Known			
Father's Name	Dont Know				Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information	Murray Stephenson				How related to deceased	None	

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	<i>Drowning in Susquehanna River</i>		How long	
Immediate	<i>In " " " "</i>		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<i>Michael J. Fahy Coroner</i>
			Address	<i>Harro de Grace Md</i>
Accident or Suicide	<i>accident</i>			



Name  
in  
Full

Lydia Alice McElwain

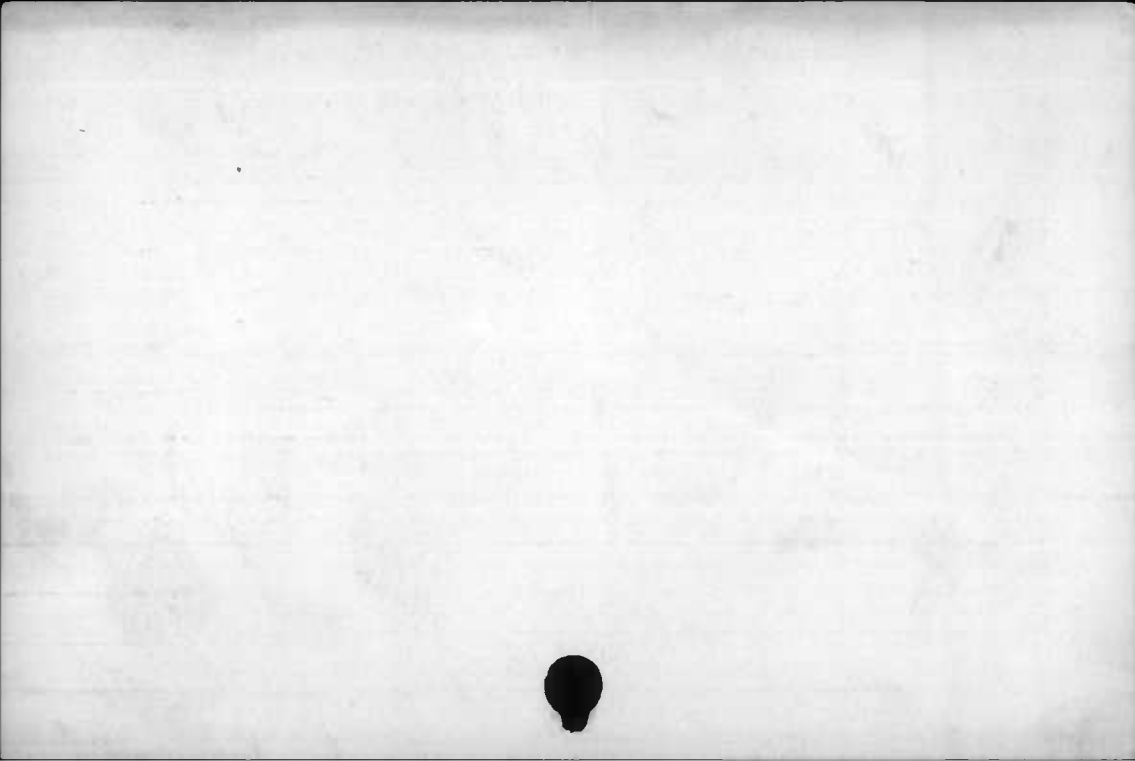
## CERTIFICATE OF DEATH

Died at		Harpord <sup>Town</sup> Harpord <sup>County</sup>		MARYLAND	
Date of death	1909	Month	May	Day	3
Age		45		Months	6
Sex		Female		Color or Race	White
Birth-place		Pennva			
Occupation		House wife		Where Residing if not at place of death	
Married, Single or Widowed	married		Name of Wife or Husband		
Robert S. McDonald		Wm. A. McElwain			
Father's Name	Robert S. McDonald		Father's Birthplace		
Pennva		Mother's Birthplace			
Mother's Maiden Name	Catherine A. Hammer		Pennva		
Name of person giving information	Catherine A. McDonald		How related to deceased		
		Mother			

## CAUSES OF DEATH

27

Primary	Capillary Bronchitis		How long	18 months
Immediate	Acute Otititis		How long	6 months
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		W. Millard Stirling		
Address		White Hall, Md		
Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

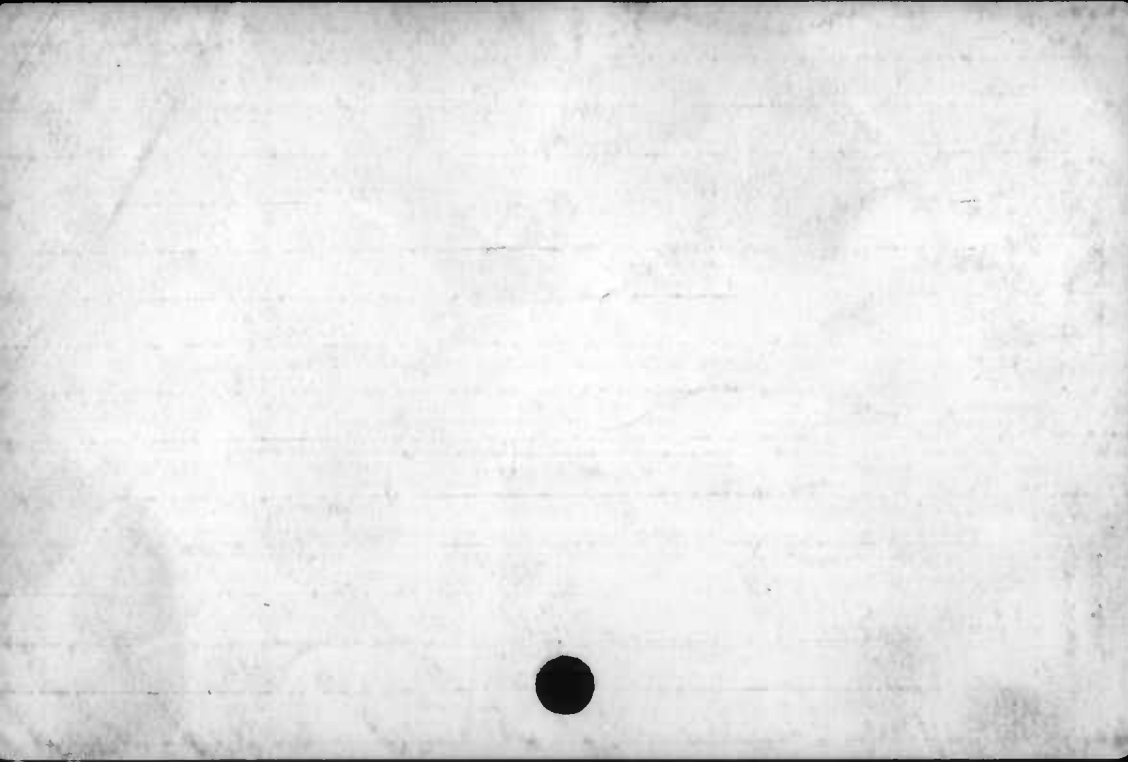
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James H McGaw</i>		Town <i>Abideen</i>		County <i>Stafford Co</i>		MARYLAND	
Died at <i>Abideen</i>		Date of death Month <i>May</i> Day <i>5</i>		Age Years <i>69</i> Months <i>One</i> Days <i>19</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Stafford Prince md</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Phoebe E McGaw</i>					
Fether's Name <i>Robt J McGaw</i>				Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Not known</i>				Mother's Birthplace <i>Not known</i>			
Name of person giving information <i>Jas H McGaw Jr</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer Face - Epithelioma</i>		How long <i>2 yrs</i>	
Immediate <i>Exhaustion</i>		How long <i>2 mo</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Jas H Kennedy</i>	
		Address <i>Abideen md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Henry J. Marston (MacAtee)*  
 Town *Hybla* County *Harford*

Died at

MARYLAND

Date

of death 1909

Month

*May*

Day

*24*

Years

Age

*85*

Months

Days

Sex

*Male*Color or  
Race*white*Birth-  
place*Harford, Md*

Occupation

*Harmon-maker*Where Residing if not  
at place of death*at place of death*

☒ Married, Single  
☐ Widowed

Name of Wife or  
Husband*lost kind*Father's  
Name*Ignatius Marston*Father's  
Birthplace*Harford, Md*Mother's  
Maiden Name*Miss Johnson*Mother's  
Birthplace*Harford, Md*Name of person giving  
Information*Mr Brown*How related  
to deceased*None*

## CAUSES OF DEATH

93

Primary

*old age*

How long

Immediate

*Run over*

How long

*over work*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*D. H. E. Arthur*

Address

*Cardiff Md*

Accident or Suicide

*No*PHYSICIAN  
OR CORONER



Name  
in  
Full

Margaret S Mansides

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

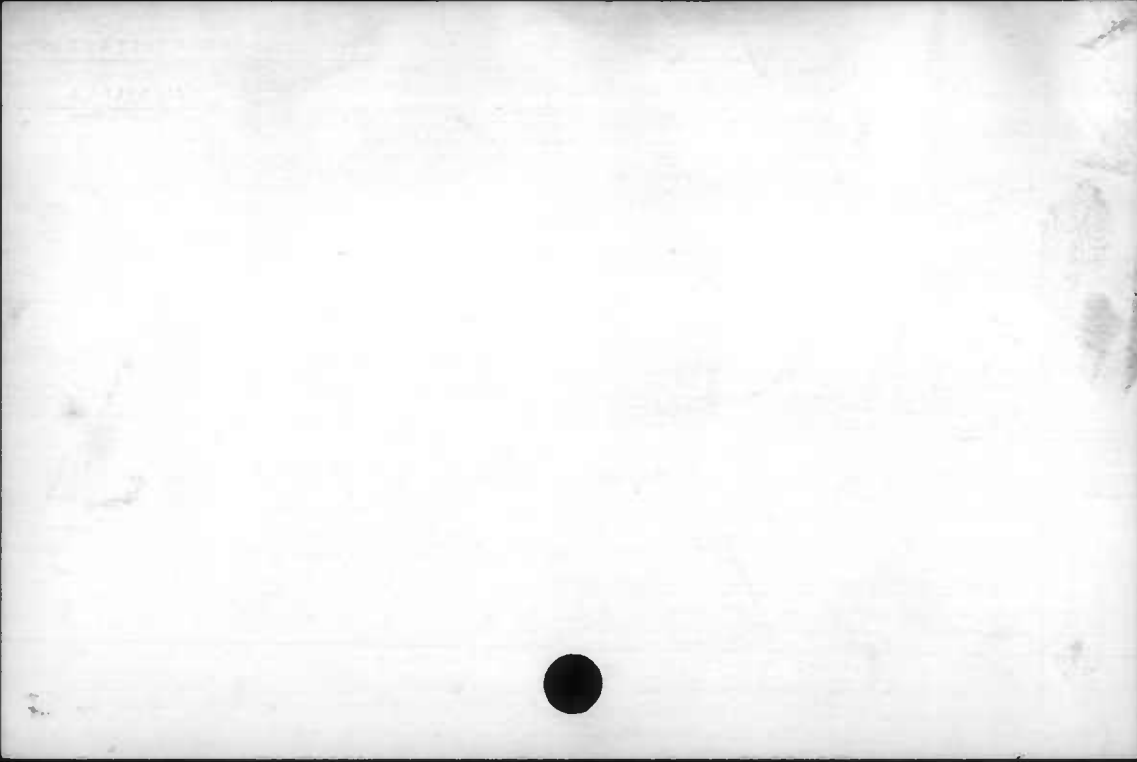
Died at		Town Level		County Harford		MARYLAND	
Date of death		1909	Month May	Day 7	Age 79	Months —	Days —
Sex Female		Color or Race White		Birth-place Bucks Co. Pa			
Occupation Housework				Where Residing if not at place of death Same			
Married, Single or Widowed Widow		Name of Wife or Husband —		Mansides			
Father's Name Joshua P Lavitt				Father's Birthplace Bucks Co Pa			
Mother's Maiden Name Phoebe Headley				Mother's Birthplace Bucks Co Pa			
Name of person giving Information John Lavitt				How related to deceased Brother			

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	1 year
Immediate	Heart & Kidney Comp.	How long	2 or 3 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. Hopkins	
		Address Havre de Grace	
Accident or Suicide		Maid	



Name  
in  
Full

CERTIFICATE OF DEATH

Unnamed  
Town

Miller  
County

MARYLAND

Died at *Garrettsville*

Day

*Harford*  
Years

Months

Days

Date

of death

1909

*May*

19

Age

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Garrettsville*

Occupation

*None*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

Father's  
Name

*Robert L. Miller*

Father's  
Birthplace

*Maryland*

Mother's  
Maiden Name

*S. Grace Emerson*

Mother's  
Birthplace

*Maryland*

Name of person giving  
information

*Robert L. Miller*

How related  
to deceased

*Father*

CAUSES OF DEATH

Primary

*Still Born*

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*H. F. Bradley*

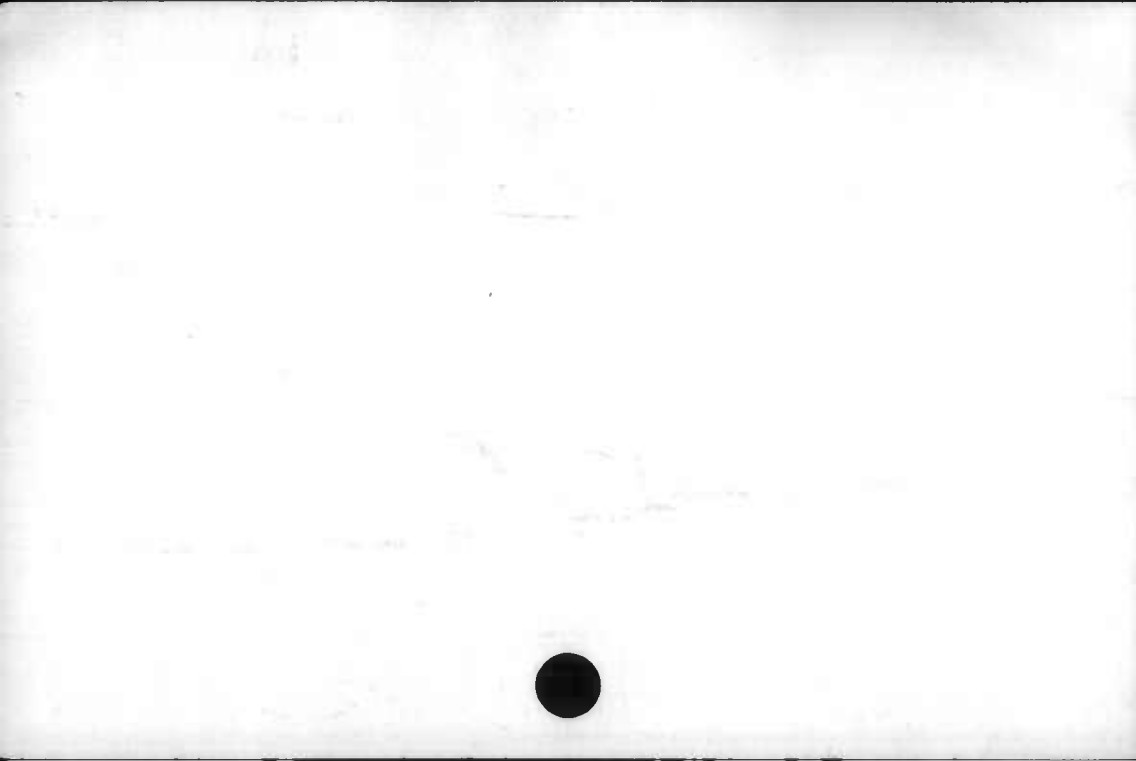
Address

*Garrettsville Ind.*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name in Full *Mary Moran.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Emmorton* Town *Harford* County **MARYLAND**

Date of death *1909 May 23* Month *May* Day *23* Age *70* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *House Keeper* Where Residing if not at place of death *Emmorton*

Married, Single or Widowed *Widow* Name of Wife or Husband *James Moran*

Father's Name *Michael Connolly* Father's Birthplace *Ireland*

Mother's Maiden Name *Elizabeth Lachan* Mother's Birthplace *do*

Name of person giving Information *John Pungler* How related to deceased *Son in Law.*

CAUSES OF DEATH

Primary *Intestinal Obstruction* How long *2 days -*

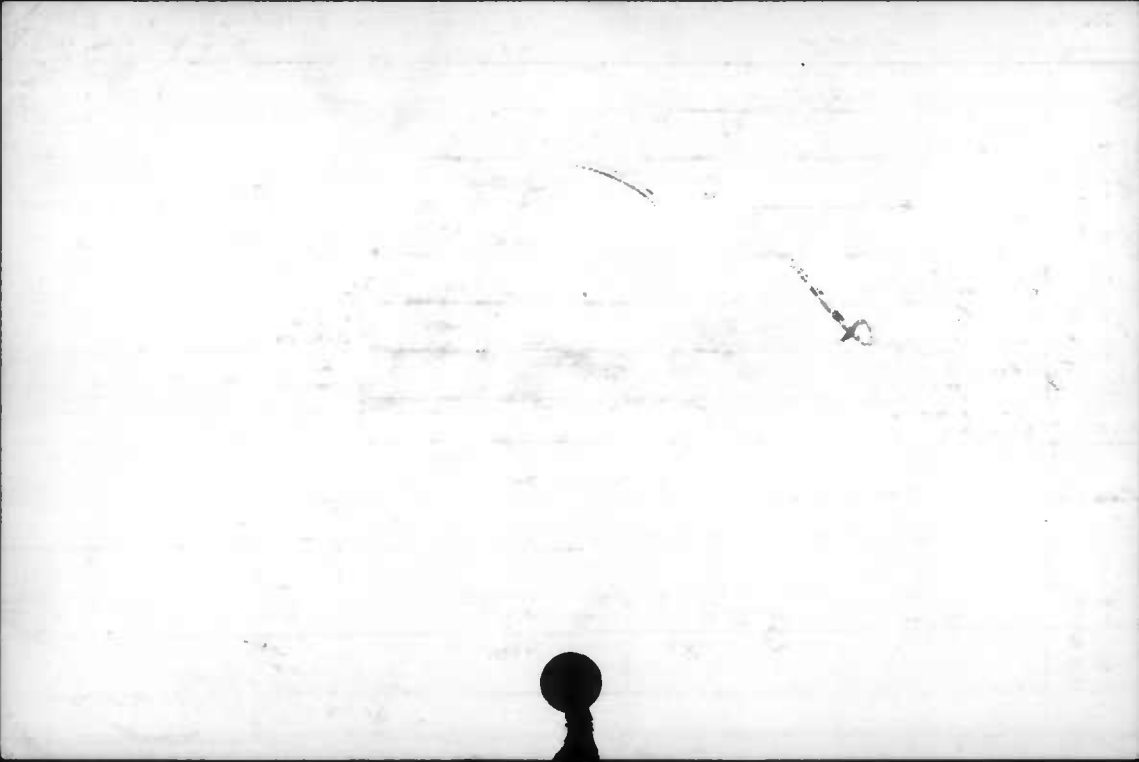
Immediate *Shock* How long *few hours -*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *A. F. Van Tassel*

Address *73rd Street N.Y.C.*

Accident or Suicide *No*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Henry Rigdon* Town *Abandon* County *Harford* MARYLAND

Died at *Abandon* Month *May* Day *7* Years *44* Months  Days

Date of death *1909* Sex *Male* Color or Race *White* Birth place *Maryland*

Occupation *Butcher* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Lily May*

Father's Name *James Rigdon* Father's Birthplace *Delta Pa.*

Mother's Maiden Name *Mary Steward* Mother's Birthplace *Delta Pa.*

Name of person giving Information *Charles Rigdon* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

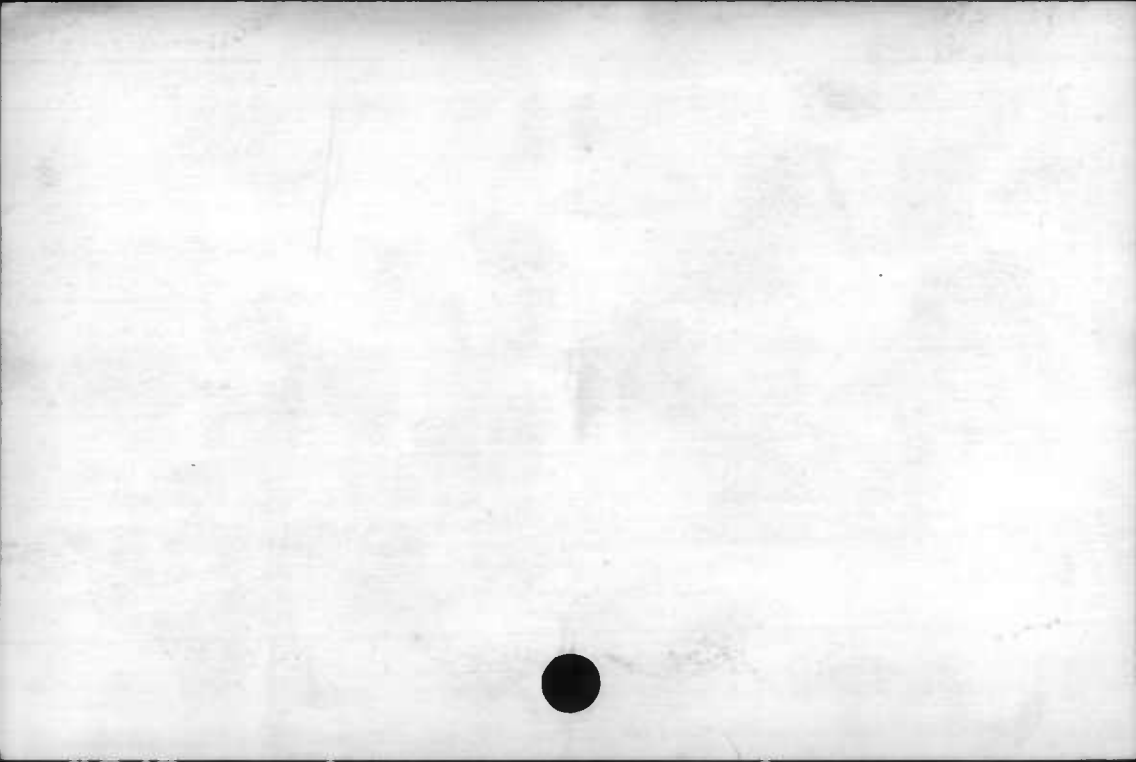
Primary *Meningitis* How long *3 weeks*

Immediate *Paralysis* How long *48 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *James H. Kennedy* Address *Abandon Md*

Accident or Suicide



Name  
in  
Full

Aaron F Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Princeton* Town *Harford* County **MARYLAND**Date of death 1909 *5* Month *11* Day *67* Age *67* Years Months DaysSex *male* Color or Race *Black* Birth-place *Md.*Occupation *Laborn* Where Reaiding if not at place of death *—*~~Married~~ Single or Widowed Name of Wife or Husband *Eliza Parker*Father's Name *Dont Know* Father's Birthplace *Dont Know*Mother's Maiden Name *Dont Know* Mother's Birthplace *Dont Know*Name of person giving Information *W. P. Wilson* How related to deceased *not any*

## CAUSES OF DEATH

Primary *Paralysis* How long *6 hrs.*Immediate *1* How longAre the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. J. Stier*Address *Princeton Md*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

William Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

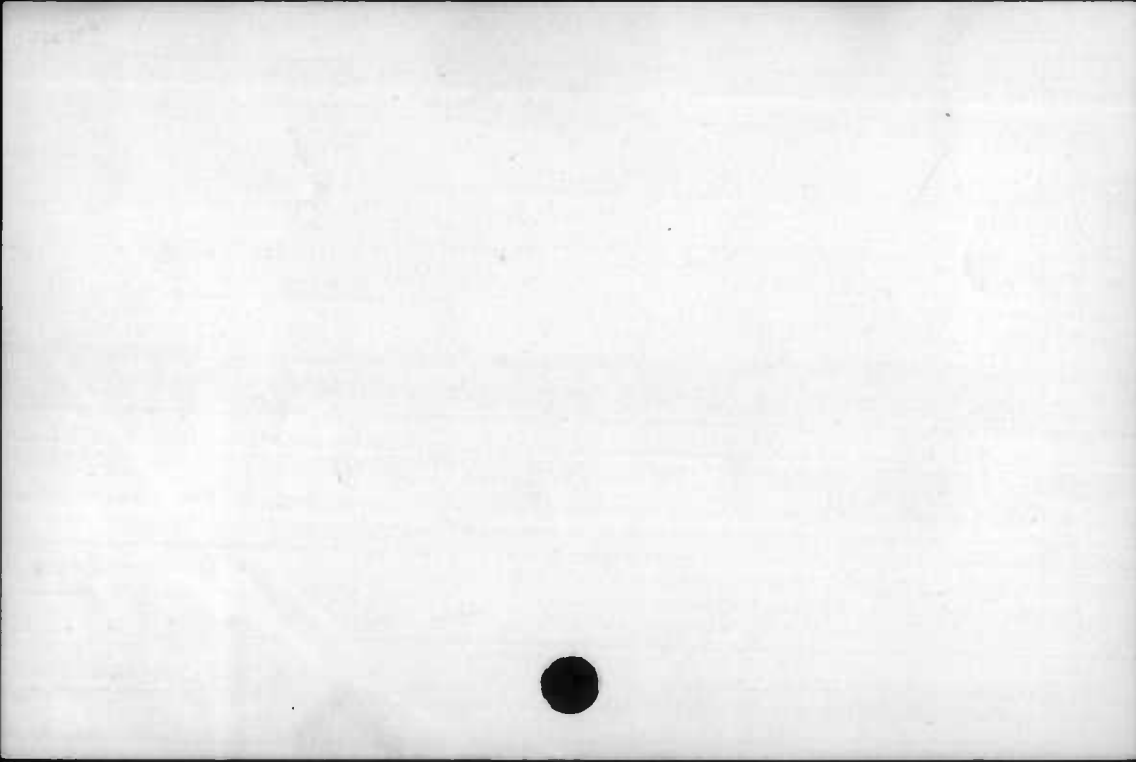
Died <del>at</del> <i>near</i> <b>Town</b> <i>Benson</i>		<b>County</b> <i>Harford</i>		<b>MARYLAND</b>	
<b>Date</b> of death <i>1909</i>	<b>Month</b> <i>May</i>	<b>Day</b> <i>18</i>	<b>Age</b> Years _____	<b>Months</b> _____	<b>Days</b> <i>1</i>
<b>Sex</b> <i>Male</i>		<b>Color or Race</b> <i>White</i>		<b>Birth-place</b> <i>near Benson Md.</i>	
<b>Occupation</b> _____			<b>Where Residing if not at place of death</b> _____		
<b>Married, Single or Widowed</b> _____		<b>Name of Wife or Husband</b> _____			
<b>Father's Name</b> <i>Wm. J. Smith</i>			<b>Father's Birthplace</b> <i>Harford Co. Md.</i>		
<b>Mother's Maiden Name</b> <i>Mary Hays</i>			<b>Mother's Birthplace</b> <i>New York</i>		
<b>Name of person giving information</b> <i>Wm. J. Smith</i>			<b>How related to deceased</b> <i>Father</i>		

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

<b>Primary</b>	<i>Patency post-partum of Foramen Ovale</i>	<b>How long</b>	<i>20 hours</i>
<b>Immediate</b>	<i>Asphyxia</i>	<b>How long</b>	_____
<b>Are the name, age, sex, color, date and place correctly given above?</b> <i>Yes</i>		<b>Signature of Physician</b> <i>A. F. Vant Bibber</i>	
		<b>Address</b> <i>T. Belair</i>	
<b>Accident or Suicide?</b> <i>No</i>		<i>Md.</i>	





Name  
in  
Full

Elizabeth Standford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

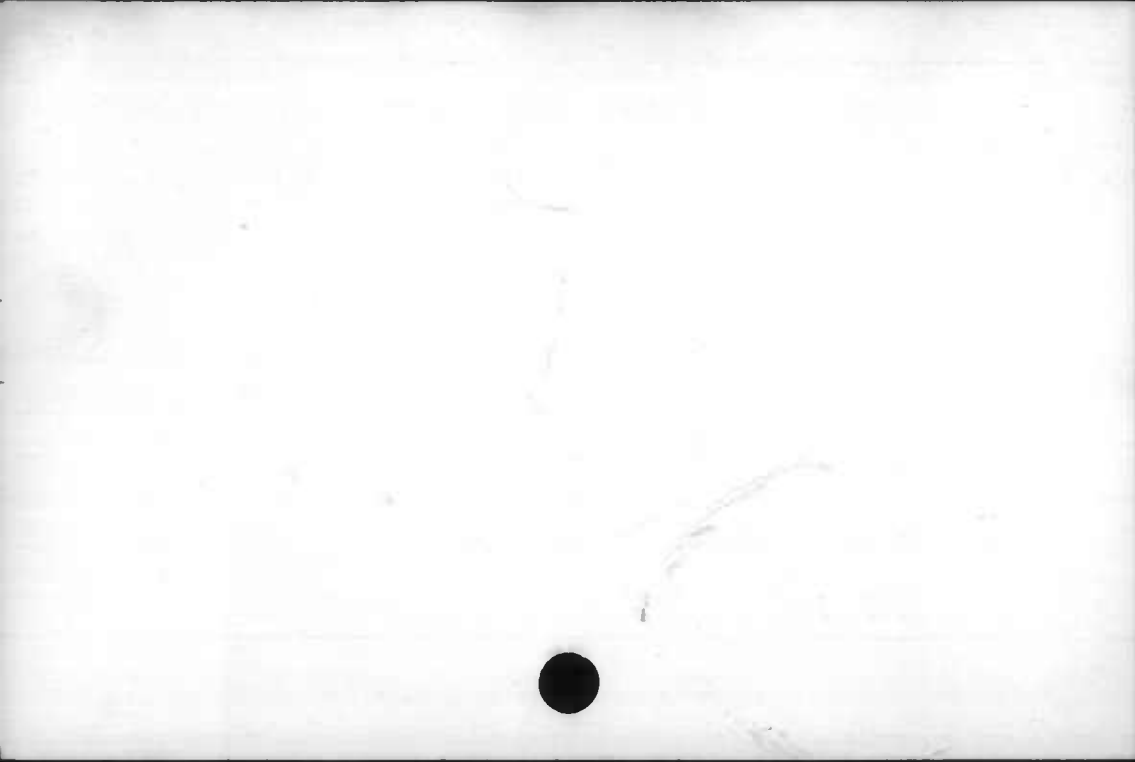
Died at		Town Forest Hill		County Harford		MARYLAND	
Date of death		Month May	Day 6	Age 29		Months	Days
Sex Female		Color or Race White		Birth-place Ind.			
Occupation Housewife		Where Residing if not at place of death Forest Hill					
Married, Single or Widowed Single		Name of Wife or Husband Frank Standford					
Father's Name Don't know		Father's Birthplace Don't know					
Mother's Maiden Name Don't know		Mother's Birthplace Don't know					
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis of Lungs		How long 2 yrs	
Immediate Exhaustion		How long One week	
Are the name, age, sex, color, data and place correctly given above? Yes		Signature of Physician F. P. Smith	
		Address Forest Hill Ind.	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

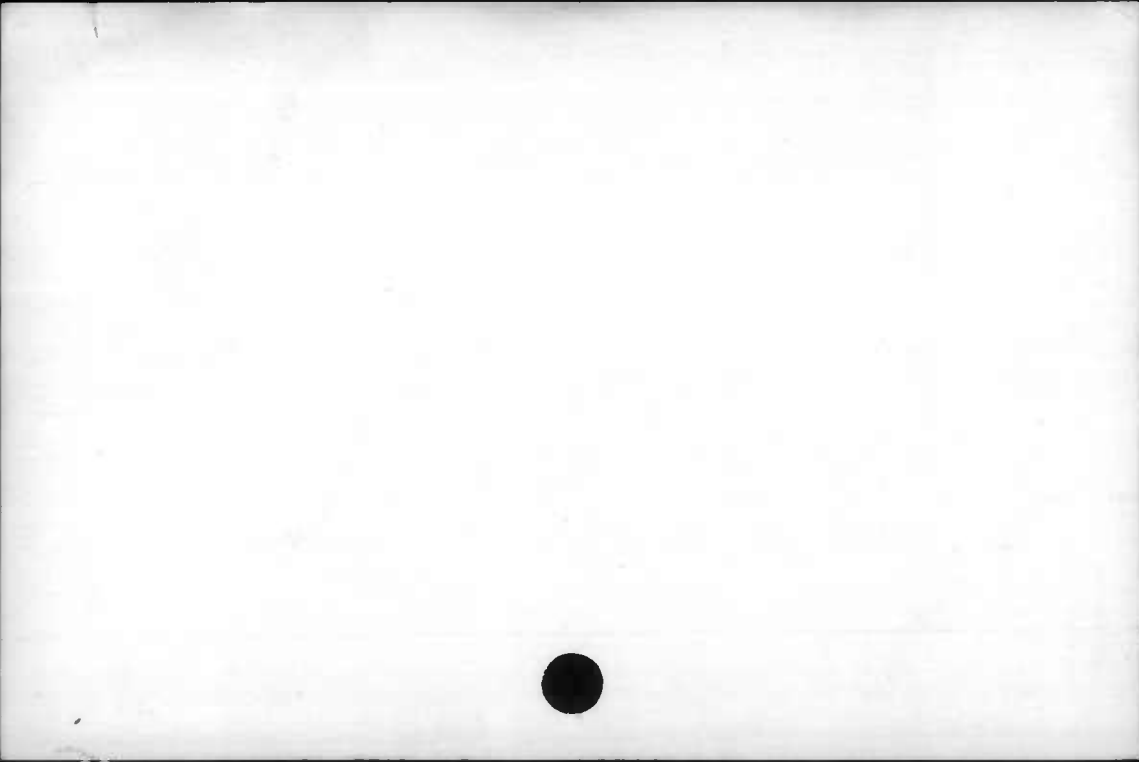
Name in Full <i>Geo. Henry Thompson</i>		Town <i>near Aberdeen</i>		County <i>Harford</i>		MARYLAND	
Died <i>1909</i>		Month <i>May</i>	Day <i>4</i>	Years <i>77</i>	Months <i>—</i>	Days <i>—</i>	
Date of death <i>1909 May 4</i>		Age <i>77</i>		Sex <i>Male</i>		Color or Race <i>Colored</i>	
Birthplace <i>Richmond, Va.</i>		Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Not known</i>					
Father's Name <i>Daniel Thompson</i>		Father's Birthplace <i>Richmond Va</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving Information <i>Jane R. Thompson</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary <i>Cancer Stomach</i>	How long <i>8 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. Kite</i>
Address <i>Aberdeen, Md.</i>	
Accident or Suicide <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

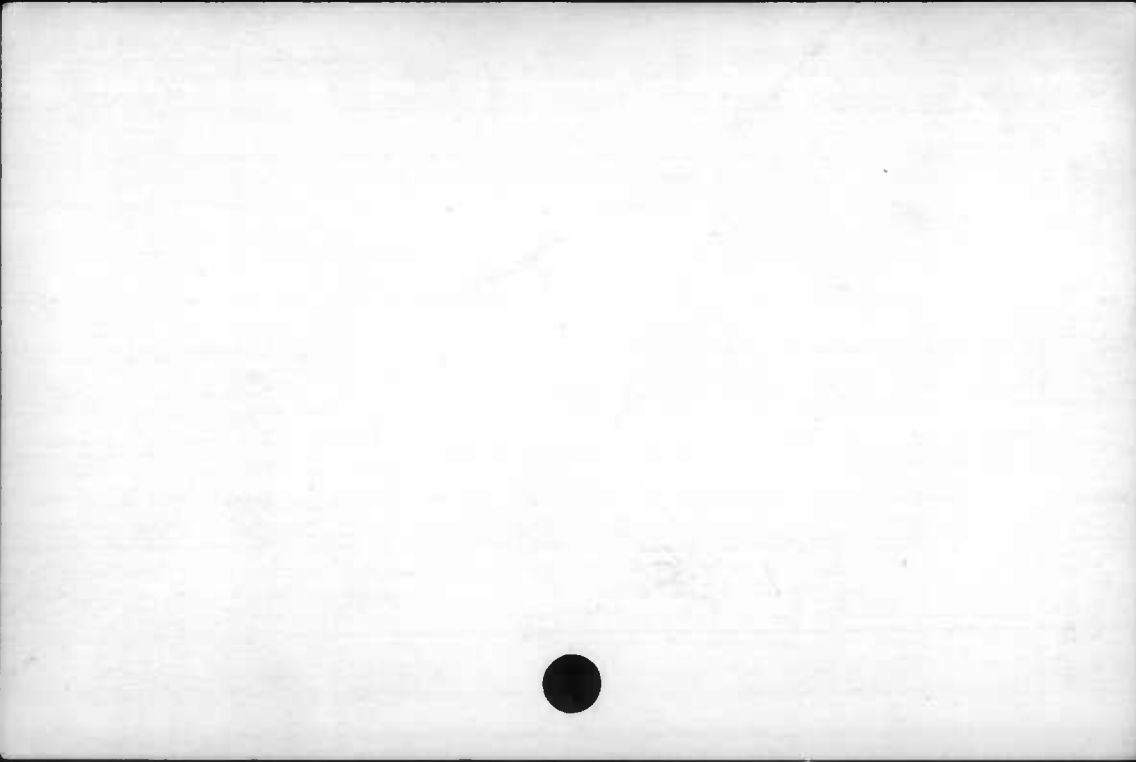
MARYLAND

Died at *Inde Grav R.D.* *Harford* CountyDate of death *1909* *May* *19* Age *83* Months *—* Days *—*Sex *Female* Color or Race *white* Birth-place *Harford Co*Occupation *Housework* Where Residing if not at place of death *Robin Hood Forest*~~Married, Single~~  
~~or Widowed~~ Name of Wife or Husband *Amos Greadway*Father's Name *Aquella Carroll* Father's Birthplace *not known*Mother's Maiden Name *Margaret J. Carroll* Mother's Birthplace *do*Name of person giving Information *Edw Treadway* How related to deceased *son*

## CAUSES OF DEATH

**82**PHYSICIAN  
OR CORONERPrimary *Chorea* *Calcium deficiency* How long *some time*Immediate *Cerebral Embolism* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R N Smith*Address *Wane de Trace*

Accident or Suicide



Name  
in  
Full

Edna Miranda Lurver

CERTIFICATE OF DEATH

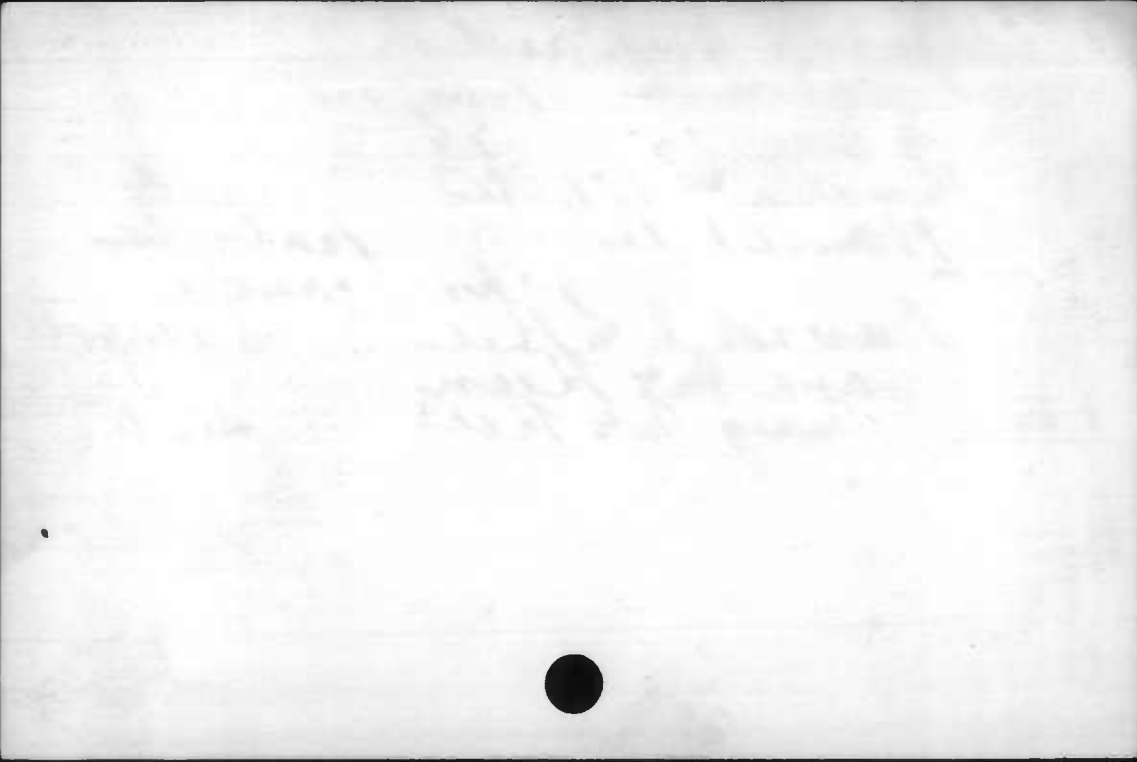
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bay Bridge</u>		County <u>Harford</u>		MARYLAND	
Date of death	190 <u>9</u>	Month <u>May</u>	Day <u>6</u>	Age <u>—</u>	Months <u>2</u> Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Harford</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Henry Lurver</u>		Father's Birthplace <u>Balto Co</u>			
Mother's Maiden Name <u>Clara Broadway</u>		Mother's Birthplace <u>Harford Co</u>			
Name of person giving Information <u>Henry Lurver</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Capillary Bronchitis</u>	How long <u>3 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Charles Roth</u>
	Address <u>Edge wood md</u>
Accident or Suicida <u>—</u>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *Elizabeth A. Ward* Town *Baltimore* County *Harford* MARYLAND

Died at *Baltimore* Date of death 1909 *May 25* Age *73* Month *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation *House wife* Where Residing if not at place of death *Baltimore*

~~Married, Single or Widowed~~ Name of Wife or Husband *John Ward*

Father's Name *David M. Keen* Father's Birthplace *Ireland*

Mother's Maiden Name *Jane M. Keen* Mother's Birthplace *"*

Name of person giving Information *Mary M. Keen* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Pulmonary tuberculosis* How long *Probably several yrs.*

Immediate *Exhaustion* How long *"*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*J. Lee Hughes*

Address

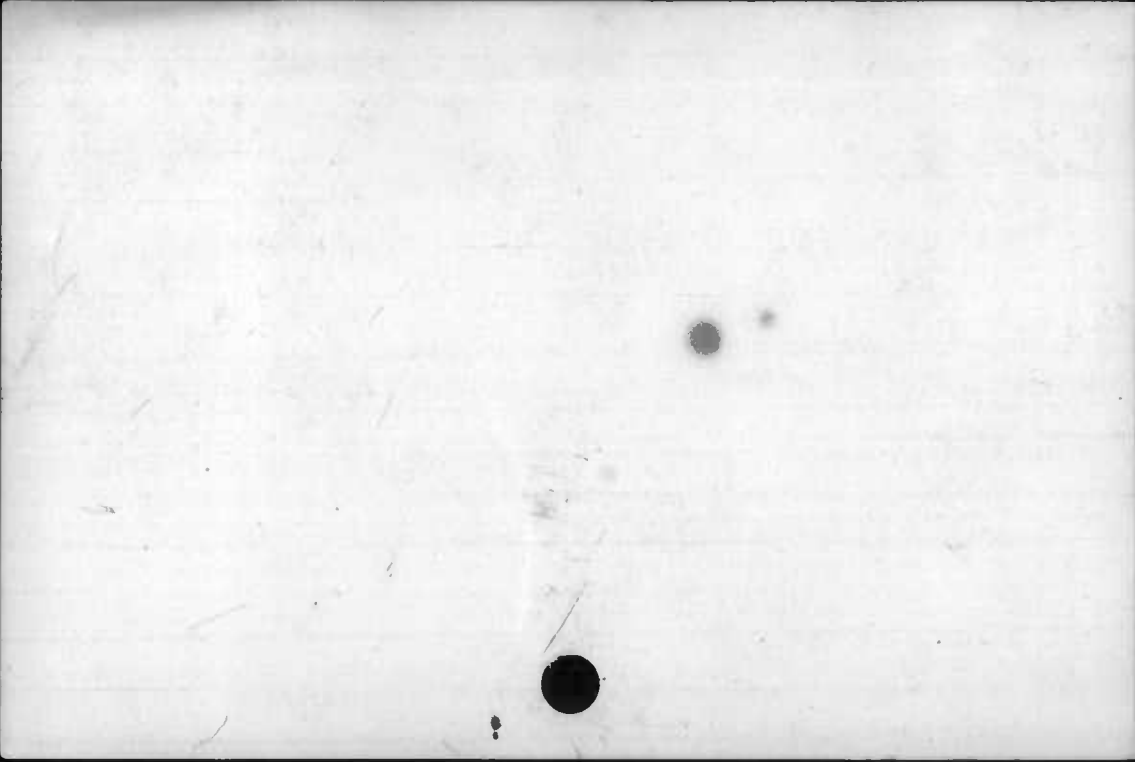
*Bel Air*

Accident or Suicide

*Ind.*PHYSICIAN  
OR CORONER

St. Operatic

Name in Full		Certificate of Death			
Julia Jones Waters		Maryland			
Died at <u>Fallston</u> Town <u>Harford</u> County		Date of death <u>1909</u> <u>May</u> <u>22<sup>nd</sup></u> <u>Age</u> <u>68</u> <u>5</u> Months <u>2</u> Days			
Sex <u>Female</u> Color or Race <u>Colored</u> Birthplace <u>Bumbarter Neck</u>		Occupation <u>House wife</u> Where Residing if not at place of death <u>Fallston</u>			
Married, Single or Widowed <u>Single</u> Name of Wife or Husband <u>Henry Waters</u>		Father's Name <u>Isaac Goling</u> Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving information <u>Henry Waters her Husband</u>		How related to deceased <u>Husband</u>			
CAUSES OF DETH					
Primary <u>Gastritis</u>		(104) How long <u>8 days</u>			
Immediate <u>Paralysis</u>		How long <u>24 hours</u>			
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Charles Bagley M.D.</u>			
		Address <u>Bagley's Ind.</u>			
Accident or Suicide?					



Name  
in  
Full

Henry Wicks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Havre de Grace		County Hartford		MARYLAND	
Date of death		Month May	Day May 22	Years 60	Months —	Days —	
Sex male		Color or Race white		Birth-place Germany			
Occupation Shoemaker				Where Residing if not et place of death Havre de Grace Md			
Married, Single or Widowed Married		Name of Wife or Husband not known					
Father's Name Not known				Father's Birthplace Don't know			
Mother's Maiden Name Don't know				Mother's Birthplace Don't know			
Name of person giving Information Elwood Stetty				How related to deceased none			

## CAUSES OF DEATH

Primary	Exposure, due to alcoholism	How long 56	1 Day
Immediate	" " " "	How long	" "

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date  
and place correctly given above?

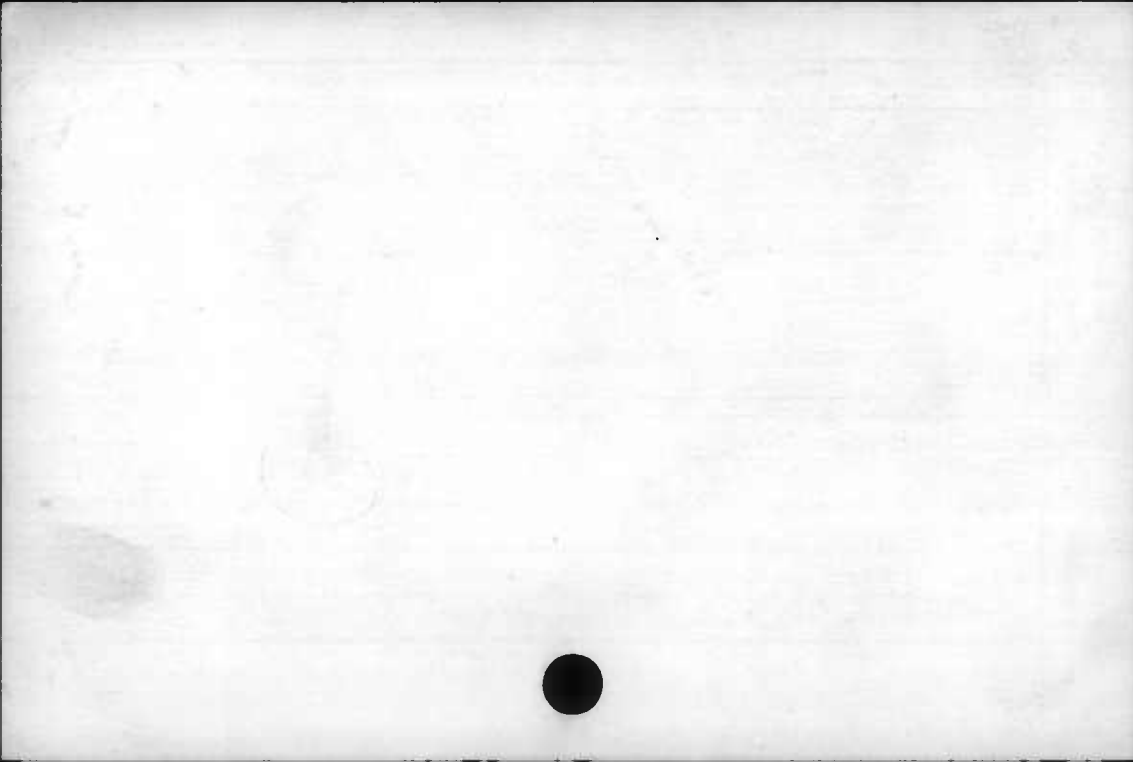
yes

Signature of  
Physician

Address

Michael H Foley Coroner  
Havre de Grace Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gibson</i> <small>Town</small>		<i>Stanford</i> <small>County</small>		MARYLAND	
Date of death <i>1909 May 19</i>		Age <i>19</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>MD</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Gibson</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John T. Miegis</i>	Father's Birthplace <i>MD</i>		Mother's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Margaret O'Donue</i>	How related to deceased <i>Sister</i>		Name of person giving Information <i>Flora Miegis</i>		

CAUSES OF DEATH

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PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long <i>about 17-</i>
Immediate	<i>Tuberculosis</i>	How long
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>Chas. Richard T...</i>	Address <i>Bloom MD</i>
Accident or Suicide		

